	Medicaid Behavioral Health and Medical Prior Authorization (PA) Code Matrix
MOLINA' HEALTHCARE	April 1, 2025
search this document, type	e in the keyword or code you are looking for by pressing press Ctrl F on your keyboard.
ease contact Molina at 1-855	55-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document or if information is needed in an alternate language.
formation that indicates cer	rtain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.
	O REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.
	with the exception of some facility based professional services, require prior authorization for ALL services or items in all places of service. See exceptions below.
	s for Non-Participating Offices/Providers/Facilities:
Hospital Emergency Departn	
	ts services associated with inpatient, ER visits and observation stays;
Local Health Department (LH	
Other services based on Stat	
• •	st, and Pathologist professional services when billed in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children)
	rices require Prior Authorization, including: Acute Hospital, Neonatal Intesive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, and Long-Term Acute Care (LTAC) Facilities.
	very: Effective 03/01/2024 no prior auth is required for three (3) days for a vaginal delivery or five (5) days for a Caesarean delivery. Additional inpatient days will require prior authorization for claims payment.
	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.
rior authorizations are not re	
	clipating or Non-Participating Providers.
Office visits at Participating I	
Referrals to Participating Net	
	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.
	Justory/coverage limits are subject to prior authorization review; coverage allowable and limits are outlined in the Texas Medicaid Provider Procedure Manual.
	reray services in accordance with our medical policies. All of these requests require Prior Authorization.
•	ease contact Molina Healthcare 1-855-322-4080.
	Healthcare Services Screening Criteria Link
	Prior Authorization Code Matrix For Outpatient Drug Services

Texas Medicaid Provider Procedure Manual

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

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

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Anesthesia	Prior to 9/1/2019	00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Auth Required for Medicaid (Star) member age 0-6 y/o. Provider to include DMO provider determination letter with PA request. Otherwise, PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24	
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding CPT code 90870 for prior authorization.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	0905	INTENSIVE OUTPATIENT, PSYCHIATRIC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent clausitons from ther health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding CPT code S9480 for prior authorization.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	0906	INTENSIVE OUTPATIENT, SUBSTANCE USE DISORDERS, REHABILITATION TREATMENT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and + Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0004 or H0005 for prior authorization.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0912	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosoidal history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0035 for prior authorization.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0913	BEHAVIORAL HEALTH TREATMENT/SVCS - Partial Hosp - intensive therapy	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0035 for prior authorization.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1001	Behavioral Health Accommodations Residential -Psychiatric	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent pian and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H0017, H0018, or H0019 for prior authorization.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Leview
Behavioral/Mental Health, Alcohol-Chemical Dependency: apatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy [ECT], Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	1002	Behavioral Health Accommodation: Residential -Chemical Dep	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretinent provide the treating production of the treating practitioner; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioners; Pertinent evaluations from other health care practitioner; Pertinent charts; graphs or photographic information, as appropriate; Pertinet charts; for a photographic information, as appropriate; Pertinet charts; and information. 	Third Party Proprietary Criteria	Please submit corresponding HCPCS code H2035 for prior authorization.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -Ilinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent that, graphs or photographic information, as appropriate; -Reabalilitation regarding the local delivery system; and -Platient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2020	0373T	ADAPT BHV TX PRTCL MODIFICAJ E 15 MIN TECH TIME	A Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent provides the treating practitioner; - Pertinent provides the relation are practitioner; - Pertinent provides the relation are practitioner; - Pertinent provides of photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Pertinent valuations from other health care practitioner; -Pertinent totaris, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	PRESUMPTIVE - PA required after 24 units used (any combination of 80305, 80306, 80307)	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90867	REPET TMS TX INITIAL W MAP MOT THRESHLD DEL AND MNG	R Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent gana dr progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent chars, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

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Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90868	THERAP REPETITIVE TMS TX SUBSEC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the relating practitioner; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90870	ELECTROCONVULSIVE THERAPY (ECT)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; =Netholitical evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90901	BIOFEEDBACK TRAINING ANY MODALITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easi; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90912	BFB TRAING W/EMG and /MANOMETRY 1ST 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and progress notes; =Pertinent pand consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in clients who are 4 years of age and older.	2/19/2025

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Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2022	90913	90913-BFB TRAING W/EMG and /MANOMETRY EA ADDL 15 MIN CNTCT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earny: Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history: •Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Fax to 866-420-3639 Prior authorization is required for biofeedback services. Any combination of procedure codes 90901, 90912, and 90913 are a benefit for biofeedback sessions for urinary or fecal incontinence conditions in dients who are 4 years of age and older.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretriment diagnostic testing results, operative and/or pathological reports; • Pretriment givensocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Renhabilitation evaluations; • Information evaluations; • Information regaring the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medical Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent evaluations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent torgarphic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent explusions from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regaring the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (µt of 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent toulations from other health care practitioners and providers; • Pertinent toushos or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97156	FAMILY ADAPT BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent dignostic testing results, operative and/or pathological reports; • Pretrinent dignostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent exclusations; • Rehabilitation evaluations; • Information evaluation; • Information eval	Texas Medicaid Provider Procedures Manual	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent Idiagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent texaliations photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent Idiagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent texalizations photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pretinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent toxits, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0480	DRUG TEST DEFINITV DR ID METH P DAY 1-7 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the realing practitioner; • Pertinent clausions from other health care practitioners; • Pertinent trails or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual DEFINITIVE - PA required after 12 dates of service	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0481 DRUG TEST DEFINITV DR ID METH P DAY 8-14 DRUG CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicald Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent synchrosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent exaluations from other health care parcetitiones; • Rehabilitation evaluations; • Information evaluation; • Information evaluation; • Information evaluation; • Informa	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0482 DRUG TEST DEFINITV DR ID METH P DAY 15-21 DR CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earny; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent explauations from other health care practitioners; • Pertinent explauations from other health care practitioners; • Pertinent explaints or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0483 DRUG TST DEFINITV DR ID METH P DAY 22/MORE DR CL	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regaring the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2023	G0659 DRUG TEST DEFINITV DRUG ID METH ANY # DR CLASSES	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chards, graphs or photographic information, as appropriate; • Rethabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	DEFINITIVE - PA required after 12 dates of service	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0004 BEHAVIORAL HEALTH CNSL AND THERAPY PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Pertinent explanations with the treating practitioner; *Pertinent explanations with the treating practitioner; *Pertinent explanations from other health care practitioners; *Pertinent explanations; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2024	H0005	ALCOHOL AND OR DRUG SERVICES GROUP CNSL CLINICIAN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the reating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from thother health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUE ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history: - Information and consultations with the reating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from ther health care practitioners and providers; - Reababilitation regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exaultations from ther health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0010	ALCOHOL and / DRUG SRVC; SUB- ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the reating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0011	ALCOHOL and / DRUG SERVICES; ACUTE DTOX RES PROG IP	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent torts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0012	ALCOHOL AND DRUG SRVC; SUB- ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical exam; =Pertinent garanty includes testing results, operative and/or pathological reports; =Treatment 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; =Pertinent evaluations; =Pertinent evaluations; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0014	ALCOHOL AND OR DRUG SERVICES, AMB DETOXIFICATION	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0015	ALCOHOL AND/OR DRUG SRVCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from othot praphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: patient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy [ECT], Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0016	ALCOHOL AND OR DRUG SERVICES, MEDICAL SOMATIC	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent newaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0017	BEHAVIORAL HEALTH; RES W O ROOM AND BOARD PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; +Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the hold health care practitioner, appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consensite; •Pertinent psychosocial history; •Information and consensultations with the treating practitioner; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rebabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0040	ASSERT COMM TX PROG - PER DIEN	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent pan and progress notes; Pertinent pan and progress notes; Pertinent part of the training practitioner; Pertinent evaluations with the traing practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent nergings or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	3/17/2024	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; - Pretrinent pan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent totalizations from thote health care practitioners and providers; - Pertinent charls, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Uniform Managed Care Manual 16.3 "In-Lieu-of-Covered Services and Settings" Revision 2.1		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent paychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from the host host of the presence of the support	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Pertinent pan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent nergarking the local delivery system; and + Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent characts graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2024	H2035	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the tracing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availables or hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	H2036	ALCOHOL AND OR OTH DRUG TREATMENT PROGRAM PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	50201	PARTIAL HOSITALIZATION SERVICES UNDER 24 HR PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	\$5150	HOME CARE TRAINING FAMILY; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	\$5111	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the reating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	7/1/2020	\$9480	INTENSIVE OP PSYCHIATRY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; eInformation and consultations with the treating practitioner; -Pertinent explosition hospital examples and providers; -Pertinent explaintons for hotographic information, as appropriate; -Rehabilitation evaluations; -Information evalu	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	3/1/2024	\$9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Par providers: Prior authorization is not required for the first 104 units (26 hours) of CFP services in a rolling six- month period. If additional units are required in this six months, prior auth will be required. Non-par providers: Prior authorizaiton is required for all requests.	
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1025	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR DIEM	Information generally required to support authorization decision making includes, but not limited to: Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	T1026	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR HR	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Pertinent explusations inform other health care practitioner; • Pertinent explusations from other health care practitioner; and providers; • Pertinent explants, graphs or photographic information, as appropriate; • Rechabilitation evaluations; • Information resultations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	T2023	TARGETED CASE MANAGEMENT, PER MONTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Behavioral/Mental Health, Alcohol-Chemical Dependency: npatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM and BD-DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations (given call delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15775	PUNCH GRAFT HAIR TRANSPLANT 1 15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15776	PUNCH GRAFT HAIR TRANSPLANT OVER 15 PUNCH GRAFTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15780	DERMABRASION TOTAL FACE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15781	DERMABRASION SEGMENTAL FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sortholographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15782	DERMABRASION REGIONAL OTHER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15783	DERMABRASION SUPERFICIAL ANY SITE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15788	CHEMICAL PEEL FACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20:

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15789	CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; +Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Teratment plan and progress notes; +Pertinent plan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations rom other health care practitioners and providers; +Pertinent evaluations rom other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15793	CHEMICAL PEEL NONFACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15820	BLEPHAROPLASTY LOWER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Lincord of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent revaluations rom other health care practitioners and providers; •Pertinent revaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15822	BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing mesults, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the relating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15823	BLEPHAROPLASTY UPPER EYELID W EXCESSIVE SKIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersity or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15824	RHYTIDECTOMY FOREHEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 resultations system or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing stratic and progression as appropriate; •Pertinent testing relation adultations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15826	RHYTIDECTOMY GLABELLAR FROWN LINES	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent toris, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15828	RHYTIDECTOMY CHEEK CHIN AND NECK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Ulinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the reating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from toher health care practitioner, and providers; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15829	RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nervalues of the regulations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15832	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nertine reduktions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20:
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15834	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE HIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15835	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE BUTTOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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; •Pertinent evaluations; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures		15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent orealizations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15837	EXC EXCESSIVE SKIN AND SUBQ TISSUE FOREARM HAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15838	EXC EXCSV SKIN AND SUBQ TISSU SUBMENTAL FAT PAD	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; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical learn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15847	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ABDOMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	& Reconstructive Procedures Prior to 9/1/2019	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealiton evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15877	SUCTION ASSISTED LIPECTOMY TRUNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealistic evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20:
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures Prior to 9/1/2019	Prior to 9/1/2019	19300	MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/20:
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19316	MASTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/20
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19318	REDUCTION MAMMAPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/20
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19325	MAMMAPLASTY AUGMENTATION V	V Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19328	REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent plan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitätion evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent synchescoilal history; elinformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (s) •Information avaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19350	NIPPLE AREOLA RECONSTRUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation regards or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19355	CORRECTION INVERTED NIPPLES	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent psychosocial history; • Pertinent explositations with the treating practitioner; • Pertinent explositations with the reating practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information actions; • Information evaluations;	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent exaultations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior authorization required, except with breast cancer diagnoses	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30400	RHINP PRIM LAT AND ALAR CRTLGS AND ELVTN NASAL TI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent exhaultations with the treating practitioner; +Pertinent exhaultations form other health care practitioners and providers; +Pertinent exhaultations form othorgraphic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30410	RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from othorgraphic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30430	RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem <clinical exam;<br="">=Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent ganostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent testing or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.</clinical>	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30450	RHINOPLASTY SECONDARY MAJOR REVISION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progres notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30460	RHINP DFRM W COLUM LNGTH TIP ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent psychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent testing results operative and/or pathological; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information negarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent transf, signs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	1/1/2021	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychoscial history; -Pertinent paychoscial history; -Information and consultations with the relating practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT XTRNL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	67908	RPR BLPOS CONJUNCTIVO-TARSO- MUSC-LEVATOR RESCJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Blepharoplasty	Prior Authorization required in any setting.	2/19/2025
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	69300	OTOPLASTY PROTRUDING EAR W WO SIZE RDCTJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent pain and progress notes; •Pertinent pain and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sprays of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022	0705T	REM TX AMBLYOPIA TCH SPRT MIN 18 TRAING HR EA 30	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Olinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent psychosocial history: Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order . Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	A4341	INDWELL IU DRAIN DEVC VLV PT INSRT REPLC ONLY EA	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the tem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	A4342	ACC PT INS INDWELL IU DRN DEVC VLV REPLC ONLY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	A4560 NEUROMUSCULAR ELECTRICAL STI DISP REPLC ONLY	M Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Inicial exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent plan and progress notes; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations rom other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Health and there are an information, as appropriate; Health charts that charts and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the tem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Cuantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	7/1/2023	B4105 IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Unical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent plan and progress notes; - Pertinent plan and progress notes; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations rom other health care practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; = Information regarding the local delivery system; and - Patient charteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the teem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Cuantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	4/1/2020	B4187 Omegaven, 10 g lipids	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Unical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Pertinent pan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent evaluations from other health care practitioners and providers; + Pertinent charts, graphs or photographic information, as appropriate; + Rehabilitation evaluations; = Information regarding the local delivery system; and + Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physical/practitioner 5. Prescribing physical/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	In any setting (Add on for TPN)	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2025		PARNTRAL NUT SOL; AMINO ACID and CARB GT 100 GMS PPAR	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	
Durable Medical Equipment (DME)	Prior to 9/1/2019	89000	ENTERAL NUT INFUS PUMP - W O ALARM	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 charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Guantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	89998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	4/1/2020	C1734	ORTHOPEDIC/DEVC/DX MATRIX OP BTB/SFT TISS-TO BN	 p Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Inicial earn; Pertinent diagnostic testing results, operative and/or pathological reports; -Irreatment plan and progress notes; Pertinent plan and progress notes; Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and -Patient chards, graphs or photographic information. CMS DME 6 Element Order Reneficiary's name A description of the reformed mumber Adscription of the reformed mumber Adscription of the prescribing physician/practitioner Prescribing physician/practitioner identifier (NPI) The date of the order 	Third Party Proprietary Criteria		2/19/2025
Durable Medical Equipment (DME)	4/1/2020	C1982	CATHETER PRES GENERAT 1-WAY VALV INTERMIT OCCL	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; •Linical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/19/2025
Durable Medical Equipment (DME)	9/1/2019	C2624	IMPL WIRELESS PULM ARTERY PRES	Sinformation 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; • Ultical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0194	AIR FLUIDIZED BED	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent agnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history: *Information and crossish on ther health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0255	HOS BED VARIBL HT W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors for bottographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0260	HOS BED SEMI-ELEC W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners; •Pertinent chaladisons from other health care practitioner; •Pertinent chaladisons from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation valuations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand Amar/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agnostic stroing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluation; +Information regarding the local delivery system, and +Patient charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Guantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0265	HOSP BED TOT ELEC W ANY TYPE SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent syschosocial history: +Information and consultations with the realting practitioner; -Pertinent exaluations from other health care practitioners and providers; -Pertinent chalautions from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system, and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W O MATTRSS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent agenostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent explanad rongress notes; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/gractitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent problem and consultations with the treating practitioner; +Pertinent tears, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Pertinent charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0292	HOSP BED VARIBL HT HI-LO W O SIDE RAIL W MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pkychosocial history; endeting for the reating practitioner; •Pertinent explositations with the treating practitioner; •Pertinent explositations or photographic information, as appropriate; •Pertinent explosition for mother health care practitioners and providers; •Pertinent explosition for black and providers; •Pertinent explosition for additioners; •Pertinent explosition for evaluations; •Information areagning the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: +Pertinent psychosocial history: +Pertinent psychosocial history: +Pertinent torts, graphs or photographic information, as appropriate; +Pertinent characteristics and information. EMBADIATION evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0294	HOSPITAL BED SEMI-ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Pertinent evaluations; +Rehabilitation, segarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner (MPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0295	HOSP BED SEMI-ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent characteristics and information, as appropriate; -Rehabilitation evaluations; +Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0296	HOSPITAL BED TOTAL ELEC W O SIDE RAILS W MATTRSS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations in the rotographic information, as appropriate; +Rehabilitation evaluations; I and forgress and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand hame/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, certaphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chars, certeristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0300	PED CRIB HOS GRADE FULLY ENC W WO TOP ENC	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent pythosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent explauations from the health care practitioners and providers; •Pertinent present information evaluations; •Information regarding the local delivery system; and •Patient charcteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0301	HOS BED HEVY DUTY XTRA WIDE W WT CAPACTY OVER 350 PDS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent psychosocial history; • Information and consultations with the trating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent testing the local delivery system; and • Patient characteristics and information. as appropriate; • Rehabilitation evaluations. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019		HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charasceristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019		HOS BED HEVY DUTY W WT CAP OVER 350 PDS UNDER EQ TO 600	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	Texas Medicaid Provider Procedures Manual	2/19/2025
				 Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as papropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order Reneficiary's name A description of the leno fDME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity Signature of the prescribing physician/practitioner Prescription physician/practitioner's National Practitioner Identifier (NPI) The date of the order 		
Durable Medical Equipment (DME)	Prior to 9/1/2019		HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME & Element Drder 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	7/1/2024	E0316	SFTY ENCLOS FRME/CANOPY USE W/HOSP BED ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0328	HOSPITAL BED PEDIATRIC MANUAL INCLUDES MATTRESS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and + Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 5. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0329	HOSPITAL BED PEDIATRIC ELECTRIC INCLUDE MATTRESS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gisports ontes; *Pertinent psychosocial histor; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tevaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charasceristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH AND WIDTH	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 -Olinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent provides the relation of the relating practitioner; -Pertinent provides the relating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs name -Patient characteristics and information. CMS OME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent general history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chards; graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2023	E0465	HOME VENTILATOR ANY TYPE USED	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; -Pertinent garostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent syschosocial history; +Information and consultations with the treating practitioner; -Pertinent tyschosocial history; +Pertinent chaladisons from other health care practitioners and providers; +Pertinent chaladisons from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system, and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2023	E0466	HOME VENTILATOR ANY TYPE USED W/NON-INVASV INTF	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent explands from other health care practitioner; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/gracitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0467	HOME VENTILATOR MULTI- FUNCTION RESPIRATORY DEVC	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Prestment psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Pertinent charts, straphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Pertinent charts, straphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Pertinent charts, straphs or photographic information, as appropriate; • Reneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2024	E0468	HOME VENT DF RESP DVC PER ADD FUNC OF COUGH STIM	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 tharts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner S. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2023	E0470	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent diagnostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent explusations from other health care practitioners; -Pertinent explusations from other health care practitioners; -Pertinent explusations from other health care practitioners; -Pertinent explusations; -Information evaluations; -Information ev	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts: and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	7/1/2023	E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/O BACKU	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent sychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations report but he reating practitioner; +Pertinent evaluations reports notes health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescripting physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners; •Pertinent harts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charcts graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pertinent charts, and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	10/1/2023	E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM	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; • Pretinent explosocial history; • Information and consultations with the treating practitioner; • Pertinent explosions from other health care practitioners and providers; • Pertinent explositions from other health care practitioners and providers; • Pertinent explosition evaluations; • Information evaluations; • Pertinent characteristics and information. • CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	1/1/2024	E0492	POWER SRC and CTRL ELEC ORAL DVC NEUMUSC ELC STM TNG		Third Party Proprietary Criteria	2/19/2025
				Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2024	E0493	ORAL DVC NM ELC STIM TONGUE MUSC PWR S and C ELC 90D	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care 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 & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	Durable Medical Equipment (DME) 4/1/2023	E0637	COMB SIT STAND FRAME/TABLE SYS SEATLIFT FEATURE	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 Idiagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent pychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS OME & Element Order - Development Advancement - Constant - Patient charts - Development - Patient -	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	4/1/2023	E0638	STANDING FRAME/TABLE SYS ONE POSITION ANY SZ	I. Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A Using the order for the prescribing physician/practitioner's National Practitioner Identifier (NPI) Frescribing physician/practitioner's National Practitioner Identifier (NPI) Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual	2/19/2025
				History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent explosiocal history; Information and consultations with the treating practitioner; Pertinent explosional history for photographic information, as appropriate; Pertinent explosional history; Information regarding the local delivery system; and Pathetin tharacteristics and information. CMS DME 6 Element Order I. Beneficiary's name 2. A description of the Item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Outanity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pertinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Durable Medical Equipment (DME) 4/1/2023 Durable Medical Equipment (DME) 4/1/2023	E0641	STANDING FRAME/TABLE SYS MULT POSITION ANY SZ	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent chalactions for the health care practitioners and providers; Pertinent realuations from other health care practitioners; Pertinent realuations for other health care practitioners; Pertinent realuations for other health care practitioners; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order L Beneficiary's name	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)		E0642 STANDING FRAME/TABLE SYS	STANDING FRAME/TABLE SYS MOBILE DYNAMIC ANY SZ	A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Suparity Signature of the prescribing physician/practitioner S. Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual	2/19/2025
				History of the presenting problem Cilinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent publications from there health care practitioners; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order I. Beneficiary's name CAS DME 6 Element Order I. Beneficiary's name A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative; or a brand name/model number S. Quantity S. prescribing physician/practitioner's National Practitioner identifier (NPI) The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2019	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and 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 chart cristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	10/1/2020	E0656	SEG PNEUMAT APPLIANCE USE W PNEUMAT COMPRS TRUNK	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations from other health care practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient chart cristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	10/1/2020	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Olinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychosocial history; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations; - Pertinent evaluations; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the Item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025

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Durable Medical Equipment (DME)	10/1/2020	E0668	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL ARM	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	10/1/2020	E0671	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC FULL LEG	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Derivent diagnostic testing results, operative and/or pathological reports; - Pertinent plan and progress notes; - Pertinent plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	10/1/2020	E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION DEFL	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent psychosocial history; • Information and consultations sontes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent torats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2020	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graph or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/19/2025
Durable Medical Equipment (DME)	7/1/2023	E0677	Nonpneumatic sequential compression garment, trunk	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 exams from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, graphs or information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0691	UV LIGHT TX SYS BULB LAMP TIMER; TX 2 SQ FT LESS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cinical earny •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 1 5. Prescribing physician/practitioner 5 National Practitioner Identifier (NPI) 6. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0692	UV LT TX SYS PANL W BULB LAMP TIMER 4 FT PANEL	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pand progress notes; +Pertinent pand consultations with the treating practitioner; +Pertinent examcions and consultations with the treating practitioner; +Pertinent examcions from other health care practitioners and providers; +Pertinent examcions from other health care practitioners; +Pertinent examcions grading the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0693	UV LT TX SYS PANL W BULBS LAMPS TIMER 6 FT PANEL	Information generally required to support authorization decision making includes: + Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem = Clinical earn; + Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent testing results, operative and/or pathologider; + Pertinent testing results, operative and providers; + Pertinent testing results of the health care practitioners and providers; + Pertinent testing results of the health care practitioners and providers; + Information and consultations; + Information regarding the local delivery system; and + Patient tharacteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charts.excleristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Durable Medical Equipment (DME) Prior to 9/1/2019 E074	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent typoshoscial history; •Information and consultations with the treating practitioner; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent testing stratus from other health care practitioners and providers; •Pertinent characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	£0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Dinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and Information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations 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 Procedures Manual	2/19/2025
				Patient characteristics and information. CMS DME 6 Element Order L Beneficiary's name A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the prescribing physician/practitioner A Signature of the prescribing physician/practitioner F Prescribing physician/practitioner's National Practitioner Identifier (NPI) T he date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT ONTRESC INJ	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; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent the valuations from other health care practitioners and providers; •Pertinent the valuations from other health care practitioners; •Pertinent there avaluations; •Information regarding the local delivery system; and •Pathor charteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner for the formation of the record formation of the formation of the formation of the second formation of the formation formation formation formation for a brand name/model number 5. Organity	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the traing practitioner; • Pertinent evaluations from 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, etristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE	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; ••Iistory of the presenting problem ••Clinical exam; ••Pertinent diagnostic testing results, operative and/or pathological reports; ••Treatment plan and progress notes; ••Pertinent topkooscial history; •Information and consultations with the treating practitioner; ••Pertinent topkotgraphic information, as appropriate; ••Pertinent topkotgraphic information, as appropriate; ••Rehabilitation evaluations; ••Information regarding the local delivery system; and ••Patient charceristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner (dentifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent pythosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantify 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent exacts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pratient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner (dentifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0785	IMPLANTABLE INTRASPINL CATHETER USED W PUMP-REPL	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes;	Molina Clinical Policy:Implanted Intrathecal Pain Pump	2/19/2025
				Pertinent psychosoial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent chards; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient chards; for an information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number	Texas Medicaid Provider Procedures Manual	2/19/2025
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Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charls, testing the local delivery system; and •Patient	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0983	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Olinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent postboocial history; - Information and consultations with the treating practitioner; - Pertinent postboocial history; - Pertinent postboocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0984	MNL WC ACSS PWR ADD-ON CONVRT MNL WC MOTRIZD WC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent ging not presents ontes; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0986	MNL WHEELCHAIR ACSS PUSH-RIM ACT PWR ASSIST SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent examples notes; the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0988	MANUAL WC ACCESSORY LEVR- ACTIVATD WHL DRIVE PAIR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Clinical exam;	Texas Medicaid Provider Procedures Manual	2/19/2025
				Pertinent diagnostic testing results, operative and/or pathological reports; Treatment 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 othorgraphic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1002	WHEELCHAIR ACCESS POWER SEATING SYSTEM TILT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charks; and information. CMS DME 6 Element Order 1. Beneficiary's name	Texas Medicaid Provider Procedures Manual	2/19/2025
				 A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity Signature of the prescribing physician/practitioner Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order 		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pretinent charts, graphs or lotol delivery system; and •Pretinent charts, frain of norder •Information and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1004	WC ACSS PWR SEAT SYS RECLINE W MECH SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information requiring the local delivery system; and + Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1005	WC ACSS PWR SEAT SYS RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsultation regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1006	WC ACSS PWR SEAT SYS TILT AND RECLINE NO SHEAR RDUC	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a barad name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1007	WC ACSS PWR SEAT TILT AND RECLINE MECH SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent pain and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from othotgraphic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Olinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent pan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners; - Pertinent charLs, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information aregarding the local delivery system; and - Patter characteristics and information. CMS DME 6 Element Order - Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1010	WC ACCSS ADD PWR SEAT SYS PWR LEG ELEV SYS PAIR	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent adio and consultations on the setting practitioner; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent extra graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1012	WC ACCSS PWR SEAT SYS CNTR MN PWR ELEV LEG 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 earn; - Pertinent typostocial history; - Pertinent pychosocial history; - Pertinent charts; graphs or photographic information, as appropriate; - Pertinent pychosocial history; - Pertinent charts; graphs or photographic information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Separature of the prescribing physician/practitioner 5. Prescribing physician/practitioner Identifier (NPI) 6. The date of the order <td>Texas Medicaid Provider Procedures Manual</td> <td>2/19/2025</td>	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1030	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	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 *Crinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history: *Pertinent psychosocial history: *Pertinent evaluations from other health care practitioner; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beeneficiary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1161	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT SPACE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pachosostic testing problem and consultations with the treating practitioner; •Pertinent pachosostic testing subtractioners and providers; •Pertinent exclusions from other health care practitioners and providers; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2024	E1229	SPECIAL BACK HEIGHT FOR WHEELCHAIR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedures Manual	2/19/2025
				Prestment bian and progress notes; Pretinent psychosocial history; Information and consultations with the treating practitioner; Pretinent charks, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.		
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1230	PWR OPERATED VEH SPEC BRAND NAME AND MODEL NUMBER	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent texts, graphs or photographic linformation, as papropriate; • Rehabilitation evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Information evaluations; • Patient characteristics and information. CMS DME 6 Element Order	Texas Medicaid Provider Procedures Manual	2/19/2025
				 Beneficiary's name Adescription of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity Signature of the prescribing physician/practitioner Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order 		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1232	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W SEAT SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1233	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Olinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Rechailmatics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1234	WC PED SZ TILT-IN-SPACE FOLD ADJUSTBL W O SEAT	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent physionsolial history; - Information and consultations with the treating practitioner; - Pertinent physionsolial history information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1235	WHICHAIR PED SIZE RIGD ADJUSTBL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent charg, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1236	WHLCHAIR PED SIZE FOLD ADJUSTBL W SEATING SYSTEM	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent graduation stream the treating practitioner; Pertinent psychosocial history; Pertinent charts; graphs or photographic information, as appropriate; Pertinet charter; graphs or photographic information, as appropriate; Pertinet charter; stand information, Patient charter; stand information; stand; stand; stand; stand; stand; stand; stand; s	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1237	WHLCHAIR PED SZ RIGD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent charls, graphs or photographic information, as appropriate; +Pertinent charls, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information evaluations; +Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; - A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicial/practitioner / 5. Prescribing physicial/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1238	WHICHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the trating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chart cristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1310	WHIRLPOOL NONPORTABLE	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 • Unicial exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history; • Pertinent charts, graphs or photographic information, as appropriate; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	4/1/2025	E2102	ADJUNCTIVE NONIMPLANTED CGM/RECEIVER		Texas Medicaid Provider Procedures Manual	Prior authorization is not required for par providers when the member has a diagnosis of insulin dependent or gestational diabetes. Units over TMPPM allowable will require prior authorization for all providers.	
				 A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Quantity Signature of the prescribing physician/practitioner Prescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order 			

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Durable Medical Equipment (DME)	4/1/2025	E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatiment plan and progress notes; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand hane/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	Prior authorization is not required for par providers when the member has a diagnosis of insulin dependent or gestational diabetes. Units over TMPPM allowable will require prior authorization for all providers.	
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2295	MNL WC ACCESS PED SIZE WC DYNAMIC SEATING FRAME	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Pertinent psychosocial history; + Information and consultations with the treating practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent charts, graphs or photographic information, as appropriate; + Rehabilitation regarding the local delivery system; and + Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	7/1/2024	E2298	COMPLEX REHAB PWR WC ACC PWF SEAT EL SYS ANY TYP	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gian and progress notes; *Pertinent psychosocial history; +Information and consultations; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025

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Durable Medical Equipment (DME)	4/1/2023	E2301	WHEELCHAIR ACCESSORY POWER STANDING SYS ANY TYPE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the tiem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2310	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND ONE PWR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent pan and progress notes; •Pertinent pandograph information with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2311	PWR WC ACSS ELEC CNCT BETWN WC CNTRLLER AND TWO MORE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner Mational Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2312	POWER WC ACCESS HAND OR CHIN CONTROL INTERFACE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pertinent charts, graphs or local delivery system; and •Pertinent charts, fraghts of information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2313	POWER WC ACCESS HARNESS UPGRADE EXP CONTROLLR EA	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, fracteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gano drog results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testing the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical acam; • Pertiment diagnostic testing results, operative and/or pathological reports; • Pertiment plan and progress notes; • Pertiment plan and progress notes; • Pertiment evaluations with the treating practitioner; • Pertiment evaluations from other health care practitioner; • Pertiment evaluations from other health care practitioners and providers; • Pertiment evaluations from other health care practitioners and providers; • Pertiment evaluations from other health care practitioners and providers; • Pertiment charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chartacteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2325	PWR WC ACSS SIP AND PUFF INTERFCE NONPROPRTNAL	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; -Fratment plan and progress notes; -Pertinent sychosocial history; -Information and consultations with the treating practitioner; -Information evaluations; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent the local delivery system; and -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the titem of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner is National Practitioner identifier (NPI) 6. The date of the order <td>Texas Medicaid Provider Procedures Manual</td> <td>2/19/2025</td>	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations for evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2328	PWR WC ACSS HEAD CNTRL EXT CNTRL ELEC PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient charts, and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2329	PWR WC ACSS HEAD CNTRL CNTC SWTCH MECH NOPRPRTNL	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 -Olinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent psychosocial history; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent explaintons; -Information evaluations from the local delivery system; and -Patient charts; fish local delivery system; and -Patient charts; fish and -Patient charts; fish and -Patient charts; fish and -Patient charts; fish local delivery system; and -Patient charts; fish me 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2330	PWR WC ACCSS HEAD PROX SWITCH	 Information generally required to support authorization decision making includes: Ourrent (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent characteristics and information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. CMS DME 6 Element Order Beneficiary's name A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number Guantity Signature of the prescribing physician/practitioner Servescribing physician/practitioner's National Practitioner Identifier (NPI) The date of the order 	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2340	POWER WC ACCESS NONSTAND SEAT FRAME WD 20-23 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charls. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2341	PWR WC ACSS NONSTD SEAT FRME WIDTH 24-27 IN	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent pychosocial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2342	PWR WC ACSS NONSTD SEAT FRME DEPTH 20 21 IN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestinent plan and progress notes; •Pertinent characteristics and informations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Info	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2343	PWR WC ACSS NONSTD SEAT FRME DEPTH 22-25 IN	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the time of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner (MPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Durable Medical Equipment (DME) Prior to 9/1/2019 E	E2351	PWR WC ACSS ELEC INTERFCE OPERATE SPCH GEN DEVC	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history;	Texas Medicaid Provider Procedures Manual	2/19/2025
				Information and consultations with the treating practitioner; Pertinent valuations from other health care practitioners and providers; Pertinent valuations from other health care practitioners and providers; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pathent characteristics and information. Pathent characteristics and information. Pathent valuations; Pertinent valuation; Pe		
				CMS DME 6 Element Order 1. Beneficiarys name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2369	POWER WC CMPNNT DRIVE WHEEL GEAR BOX REPL ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent typoshoscial history; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent explauations from other health: care practitioners and providers; •Pertinent explauations from other health: care practitioners and providers; •Pertinent explanations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Texas Medicaid Provider Procedures Manual	2/19/2025
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pertinent charts, and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2373	PWR WC MINI-PROPORTIONAL COMPACT REMOTE JOYSTICK	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 psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information. CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physican/practitioner's National Practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gisports ontes; *Pertinent psychosocial histor; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tevaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2376	PWR WC EXPANDABLE CONTROLLER	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; Pertinent exam; graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative; or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2377	PWR WC EXPANDABLE CONTROLLER UPGRADE INIT ISSUE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent vehaloations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation requirating the local delivery system; and •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	4/1/2020	E2398	WHEELCHAIR ACCESSORY DYNAMIC POS HARDWARE BACK	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

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Durable Medical Equipment (DME)	7/1/2023	E2402	NEG PRESS WOUND THERAPY ELEC PUMP STATION/PRTBLE	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent gagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations with the treating practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations; =Pertinent charats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient charateristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/pracitioner 5. Prescribing physician/pracitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2500	SPEECH GEN DEVC DIGITIZED UNDER EQ 8 MINS REC TIME	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2502	SPCH GEN DEVC DIGTIZD OVER 8 MINS LESS THN EQ 20 MINS REC	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grant and progress notes; +Pertinent synchosotial history; +Information and consultations with the treating practitioner; +Pertinent chalactors mother health care practitioners; +Pertinent chalactors for mother health care practitioners; +Pertinent chalactors for photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner 5. Prescribing physician/practitioner 5. Prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2504	SPCH GEN DEVC DIGTIZD OVER 20 MINS UNDER EQ 40 MINS REC	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Cuantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2506	SPEECH GEN DEVICE DIGITIZED OVER 40 MINS REC TIME	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam;	Texas Medicaid Provider Procedures Manual	2/19/2025
				Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history: Information and consultations with ther health care practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from thoter health care practitioners and providers; Pertinent evaluations from thotographic information, as appropriate; Rehabilitation regarding the local delivery system; and Patient characteristics and information.		
				 CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order 		
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2508	SPCH GEN DEVC SYNTHSIZD REQ MESS SPELL AND CNTCT	Information generally required to support authorization 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 pan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from toher health care practitioners and providers; •Pertinent evaluations from toher hospital constraint, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
				CMS DME & Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2510	SPCH GEN DEVC SYNTHESIZD MX METH MESS AND DEVC ACCSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a barad name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2511	SPEECH GEN SOFTWARE PROG PC PERS DIGITAL ASSIST	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Unical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent pychosocial history; -Information and consultations with the treating practitioner; -Pertinent pyschosocial history; -Information and consultations; -Pertinent pyschosocial history; -Pertinent pyschosocial history; -Information regarding the local delivery system; and -Pertinent pyschosocial histors -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescription ghysician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2024	E2512	ACCESS SPEECH GENERATING DEVICE MOUNTING SYSTEM	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent pathosocial history; -Pertinent paychosocial history; -Pertinent explusations with the treating practitioner; -Pertinent explusations from other health care practitioner; -Pertinent tarks, graphs or photographic information, as papropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physicial/practitioner? 5. Prescribing physicial/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2024	E2599	ACCESSORY FOR SPEECH GENERATING DEVICE NOC	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gapostic testing results, operative and/or pathological reports; *Pertinent psychosocial history: *Pertinent psychosocial history: *Pertinent psychosocial history: *Pertinent thats, graph or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient charateristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION SIZE	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical acam; *Pertinent dagnostic testing results, operative and/or pathological reports; *Pertinent pain and progress notes; *Pertinent pain and progress notes; *Pertinent pain and progress notes; *Pertinent exclusions with the treating practitioner; *Pertinent exclusions with the treating practitioner; *Pertinent exclusions from other health care practitioner; *Pertinent exclusions with the treating practitioner; *Pertinent exclusions with the treating practitioner; *Pertinent exclusions; *Information regurding the local delivery system; and *Patient characteristics and information. CCMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019		WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignorstic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignorstic testing results, operative and/or pathological reports; +Treatment plan and consultations with the treating practitioner; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations from other health care practitioners; +Pertinent explanations; +Information explanations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019		WC ACCESS SHLDR ELB MOBIL ARM SUPP WC RECLINING	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	Texas Medicaid Provider Procedures Manual	2/19/2025
				 Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment extrast, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order 		
Durable Medical Equipment (DME)	Prior to 9/1/2019		WC ACCESS SHLDR ELB M ARM SUPF FRICTION ARM SUPP	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedures Manual	2/19/2025
				•Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent eth-ts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.		
				CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2023	K0005	Ultralightweight wheelchair	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pian and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent exiluations from other health care practitioners and providers; •Pertinent exiluations from other health care practitioners and providers; •Pertinent exiluations from other health care practitioners and providers; •Pertinent exiluations evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the term of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantify 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0008	CUSTOM MANUAL WHEELCHAIR BASE	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Olinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent plan and progress notes; • Pertinent pand consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioner, as appropriate; • Rehabilitation evaluations; • Information evaluat	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0009	OTHER MANUAL WHEELCHAIR BASE	Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Information generally required to support authorization decision making includes: Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial histor; Pertinent ond consultations with the treating practitioner; Pertinent chards, graphs or photographic information, as appropriate; Pertinent chards form and information. CMS DME 6 Element Order A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number A signature of the prescribing physician/practitioner S. Prescribing physician/practitioner identifier (NPI) The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0010	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR	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 diganostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent approximations with the treating practitioner; •Pertinent adjanostic testing results, operative and/or pathological reports; •Pertinent stratus synthesis from other health care practitioner; •Pertinent explanations with the treating practitioner; •Pertinent explanations from other health care practitioners and providers; •Pertinent explanations; •Information avoluations; •Information evaluations; •Information evaluation formation. CMS PMD 7 Element Order 1.8eneficiar's name 2.Face to Face Completion Date The in-person visit (vith the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The ecord fabuid include rele	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0011	STD-WT FRME MOTRIZD PWR WHICHAIR W PROG CNTRL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; *Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation welluations; •Information regarding the local delivery system; and •Patient charts, for aphs or photographic information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person wilk (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the new mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent approximations with the treating practitioner; -Pertinent explanations with the treating practitioner; -Pertinent explanations with the treating practitioner; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations; -Information avoid totographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name Z-Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician who performed the face-to-face or-face emobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7. Date	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	10/1/2022	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR BASE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent systems notes; •Pertinent chaladons from other health care practitioner; •Pertinent chaladons from other health care practitioner; •Pertinent chaladons from other health care practitioners; •Pertinent chaladons from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation valuations; •Information and consultations with the treating practitioner; •Pertinet chards, graphs or photographic information, as appropriate; •Rehabilitation valuations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Laeneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. The results of both completion of the face-to-face, or F2F completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0014 OTHER MOTORIZED POWER WHEELCHAIR BASE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent sychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluation; Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Elither the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation -whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the new mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures onh - no stamps. 7.Date the physician's physican information (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures on - stamps.	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0108 OTHER ACCESSORIES	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent plan and progress notes; -Pertinent plan and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations reporting the local delivery system; and -Pertinent testing the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME orderedthe description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner / 5. Prescription genysician/practitioner / 5. Prescription genysician/practitioner / 5. Prescription genysician/practitioner // 5. Prescription functioner submissional practitioner // 5. Prescription genysician/practitioner // 5. Prescription functioner prescription fractioner // 5. Prescription functioner prescription fractioner // 5. Prescription genysician/practitioner // 5. Prescription functioner	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0606 AUTO EXT DEFIB W INTGR ECG ANALY GARMENT TYPE		Texas Medicaid Provider Procedures Manual		2/19/2029

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem +Clinical seam; Pertiment cliancatic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertiment plan and progress notes; *Pertiment cliancatic testing results, operative and/or pathological reports; *Pertiment pain and consultations with the treating practitioner; *Pertiment cliancatic networks graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information evaluations; *Information evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent procession of the neath care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent characteristics and information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-presrow (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's wisit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician's	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertiment diagnostic testing results, operative and/or pathological reports; +Teratment plan and consultations with the treating practitioner; +Pertiment diagnostic testing practitioners and providers; +Pertiment tasks, graphs or photographic information, as appropriate; +Retinations; +Information arequiring the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face valuation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. -Date the physician is signature.	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent pathological history; *Pertinent pathological history; *Pertinent than and progress notes; *Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patholitation evaluations; Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evice 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent associal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluation formation. CMS PMD 7 Element Order 1.8eneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's valuation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the dacis in the precessible a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chaladons from other health care practitioners; *Pertinent chaladons from the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FZF completion date. The documented the face to face evalua	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0813	PWR WC GRP 1 STD PORT SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Pertinent explanations with the treating practitioner; =Pertinent explanations from other health care practitioners; =Pertinent explanations from other health care practitioners; =Pertinent explanations; =Pertinent explanations; =Information evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name Z-face to face. Completion Date The ri-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 22 completion. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only — no stamps. Z.Date the physician's signature	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0814	PWR WC GRP 1 STD PORT CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Preatment plan and progress notes; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations from other health care practitioners; - Pertinent evaluations from other health care practitioners; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's is signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2 completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device S.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent gingonstic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent explansions with the treating practitioner; +Pertinent explansions from other health care practitioners; +Pertinent explansions from other health care practitioners; +Pertinent explansions; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS PMD 7 Element Order LisenetGicary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion. Documented the Face to Face evaluation include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face end physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signature is physician phy	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0816	PWR WC GRP 1 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dualitors from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order LBeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face examination. The results of both components are completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 3.Length of need 6.Physician's signature Th	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0820	PWR WC GRP 2 STD PORT SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Olinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Pertinent giangostic testing results, operative and/or pathological reports; =Pertinent pain and progress notes; =Pertinent pain and progress notes; =Pertinent explanations with the treating practitioner; =Pertinent explanations from other health care practitioners; =Pertinent explanations from other health care practitioners; =Pertinent explanations; =Pertinent explanations; =Information evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results ob toh components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or 22 completion. Document the decision to prescribe a PMD. 3. Squipment Recommended 4. Obignosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician who performed the face-to-face emobility evaluation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. - Otas the physician signative face the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0821	PWR WC GRP 2 STD PORT CAPT CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entrety. Either the date of the physician's visit, or the date of the physicaling's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2F completion. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0822	PWR WC GRP 2 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent explansions with the treating practitioner; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Pertinent characteristics and information. CMS PMD 7 Element Order L8eneficiary's name 2.Face to Face Completion Date The rin-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Eliher the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's evaluations related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosts or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's wigned the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent dividuations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physican's visit, or the date of the physican's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physican's wisit, or the date of the physican's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face examination, should inc	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0824	PWR WC GRP 2 HEVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Pertinent exclusions from other health care practitioner; •Pertinent characteristics graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Later characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results ob thot components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face evaluation should include e adtaled, narrative note in the patient's evaluation related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need §Physician's signature T	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent revaluations from other health care practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations in: eRehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2 ² completion date. The documented the face to face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0826	PWR WC GRP 2 VRY HVY DTY SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; *Teatment plan and progress notes; *Pertiment diagnostic testing results, operative and/or pathological reports; *Teatment plan and progress notes; *Pertiment obscical history; *Information and consultations with the treating practitioner; *Pertiment characteristics and information, as appropriate; *Rehabilitation evaluations; *Information revaluations; *Information evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0827	PWR WC GRP 2 VRY HVY DTY CAPT CHR PT 451-600 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent procession of the senter; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent charsts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-person visit (with the physician) and the mobility evaluation is signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face caluation is should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility evices 5. Length of need 6. Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only -n o stamps. 7. Date the physicia	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0828	PWR WC GRP 2 XTRA HVY DUTY SLING SEAT PT 601LB OR GRT	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Olinical exam; =Pertinent dignostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent dignostic testing results, operative and/or pathological reports; =Treatment plan and consultations with the treating practitioner; =Pertinent taignostic testing results, operative and/or pathological reports; =Pertinent taignostic testing results, appendix and providers; =Pertinent taist, graphs or photographic information, as appropriate; =Pertinent taist, graphs or photographic information, as appropriate; =Pertinent taist, graphs or photographic information, as appropriate; =Pertinent characteristics and information. =Pertinent characteristics and information. CMS PMD 7 Element Order 1_Beneficiary's name _Z-race to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face. pr 22 completion. Document the decision to prescribe a PMD. 3_Equipment Recommended 4_Diagnosts related to the need for the power mobility device S_Length of need 6_Physician 's ignature The physician who performed the face-to-face emobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. _Date the physician signative = The sphysician who performed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent testing results, operative and/or pathological reports; -Pertinent testing results, operative and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic information. CMS PMD 7 Element Order Liseneficiary's name Z-face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion data. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device S.Length of need 6. Othysician's signature The physician's signature The physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7. Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0830	PWR WC GRP 2 STD SEAT ELEV SLING PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing problem -Treatment plan and progress notes; +Pertinent spicanostic testing practitioner; +Pertinent explanostic testing practitioners; +Pertinent explanostic prographic information, as appropriate; +Pertinent explanostic prographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and oncurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2E completion date. The documented the Face to Face evaluation induid eleded, narrative note in the platient's medical record's hould includer elevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician who performed the Face-to-face or-face enditive evaluation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures conty - no stamps. 7. Date the physician signature the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners; •Pertinent chaladisons from other health care practitioners; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation veluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person wilk (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation is should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD ord	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent explansions with the treating practitioner; -Pertinent explansions from other health care practitioners; -Pertinent explansions; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information ecolographic information, as appropriate; -Rehabilitation evaluations; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information evaluation; -Information;	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent claignostic testing results, operative and/or pathological reports; •Pretinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations mother health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2.Face to Face Completion Dat The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's is signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face, or F2 completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Sangth of need 6. Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7. Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent alignostic testing results, operative and/or pathological reports; -Pertinent dignostic testing results, operative and/or pathological reports; -Pertinent explansions with the treating practitioner; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Pertinent characteristics and information. CMS PMD 7 Element Order L8eneficiary's name 2.Face to Face Completion Date The rin-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Eliher the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's evaluations related to the need for the power mobility device 3.Equipment Recommended 4.Diagnosts or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's wigned the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence- is considered to be the completion of the face-to-face or 672 completion date. The documented the Face to Face examination. The results of both completion of the face-to-face or or 627 completion date. The documented the Face to Face examination adulting a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician w	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent dignostic testing results, operative and/or pathological reports; - Treatment plan and consultations with the treating practitioner; - Pertinent dignostic testing trootographic information, as appropriate; - Rehabilitation evaluations; - Information actosultations and proorders; - Pertinent characteristics and information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order L Beneficiary's name - Z-face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or 22 completion. Document the decision to prescribe a PMD. 3 Equipment Recommended 4 Alagnosis or conditions related to the need for the power mobility device 5 Length of need 6. Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature - No stamps. - Otable physician's signature - No stamps. - Otable physician's physician's maintation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. - Otables physician's mainter there the	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent diagnostic testing results, operative and/or pathological reports; - Pretinent postbooscial history; - Pertinent postbooscial history; - Pertinent postbooscial history; - Pertinent postbooscial history; - Pertinent charts, graphs or photographic information, as appropriate; - Pertinent charts; graphs or photographic information, as appropriate; - Pertinent charts for the local delivery system; and - Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date - The results of bot components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or PZE completion data. - The date of the physician's visit, or the date of the physician's signature and concurrence with the Herapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or PZE completion data. - Ho date of the physician's visit, or the date of t	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem +Clinical exam; Pertiment plan and progress notes; *Pertiment characteristics from other health care practitioner; *Pertiment characteristics and information, as appropriate; *Rehabilitation evaluations; *Information revaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician] and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the dacts in the race of should include a detailed, narrative note in the patient's medical tercord. The record should include relevant information. Document the dacts in the race of race ports a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent procession of the reaction of the face to a support of the requested services such as: office and hospital records; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations from other health care practitioners; • Pertinent charsts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS PMD 7 Element Order 1. Beneficiary's name 2. Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The in-person visit (with the physician) and the mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completed not addrese power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the frace to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3. Equipment Recommended 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's signature The physician's signature. Ink or val	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent associal history; =Pertinent associal history; =Pertinent tass, graphs or photographic information, as appropriate; =Pertinent tass, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record: The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signature in the race to face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0848	PWR WC GRP 3 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent audiations with the treating practitioner; •Pertinent characteristics and providers, and providers; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. The results of both components are combined to address grower mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. Steppinorma medical cords for the prover mobility device 5.Leight of meed 6.Physician's signature The physician's signature	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Pertinent tailoatons with the treating practitioner; *Pertinent tailoatons from other health care practitioner; *Pertinent tailoatons; *Information evaluations; *Information evaluations are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapits' evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face evaluation. Document the decisin to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures onh – no stamps. The thysician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order LB-eneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or FaZ completion date. The documented the face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evaluation (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertiment diagnostic testing results, operative and/or pathological reports; +Teratment plan and consultations with the treating practitioner; +Pertiment diagnostic testing practitioners and providers; +Pertiment tasks, graphs or photographic information, as appropriate; +Retinations; +Information arequiring the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face valuation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. -Date the physician is signature.	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent and orgenes notes; *Pertinent autiations with the treating practitioner; *Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; *Information and consultations with the result care 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 PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date Patient by solvis (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completed to ack care, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; +Pertiment diagnostic testing results, operative and/or pathological reports; +Pertiment plan and progress notes; +Pertiment plan and consultations with the treating practitioner; +Pertiment advantions from other health care practitioners; +Pertiment stars, graphs or photographic information, as appropriate; +Reinbalitation evaluations; +Information aregarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or FJF completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record: The record should include relevant information. Document the dace to Face to Face evaluation should include a detailed, narrative note in the patient's medical record: The record should include relevant information. Document the dace is no prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician value the Cord. The cord should include relevant information (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. (Date the physician is ginature the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent audiations with the treating practitioner; •Pertinent characteristics and providers, and providers; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. The results of both components are combined to address grower mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face examination. Steppinorma medical cords for the prover mobility device 5.Leight of meed 6.Physician's signature The physician's signature	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB OR GRT	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent diagnostic testing practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; -Information and coardiers power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or 52F completion date. The documented the Face to Face evaluation should include e leavant information. Decument the decision to prescribe a PMD. -Libagnositor conditions related to the need for the power mobility device -Libagnositor conditions related to the need for the power mobility device -Libagnositor conditions related to the need for the power mobility device -Libagnositor conditions related to the need for the power mobility	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physicion's ginaruse and concurrence with the therapist's evaluation - whichever date is the latest in sequence- ic considered to be the completion of the face-to-face on F2E completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature The physician's signature in the face-to-face mobility examination (ordering physic	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent explansions from other health care practitioner; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions from other health care practitioners; -Pertinent explansions; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Information evaluations; -Pertinent characteristics and information. CMS PMD 7 Element Order LBeneficiary's name 2-Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record's hould includer elevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician vising and the PMD order -Date the physician's signature. Ink or valid electronic signatures onh - no stamps. -Date the physici	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face on or ZF completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician 's signature The physician visit, or the date-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only -	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent explansions with the treating practitioner; +Pertinent explansions from other health care practitioners; +Pertinent explansions from other health care practitioners; +Pertinent explansions from other health care practitioners; +Pertinent explansions; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name Z-Face to Face Completion Date The in-person visit (with the physical) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device S.Length of need 6. Physician's signature The physician who performed the face-to-face endosility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stam	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent chaladisons from other health care practitioners; •Pertinent chaladisons from other health care practitioners; •Pertinent chaladisons from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation veluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person wilk (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation is should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – no stamps. 7.Date the physician signed the PMD ord	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and consultations with the treating practitioner; +Pertiment diagnostic testing practitioners and providers; +Pertiment explands from other health care practitioners and providers; +Pertiment characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician' of badress power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face valuation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signature. Ink or valid electronic signatures only - no stamps. (Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pathological history; •Information and consultations with the treating practitioner; •Pertinent chalactors for other health care practitioners; •Pertinent chalactors from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pathent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physicin's ignature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the face to face evaluations should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only – on stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent cliancostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent tagenostic testing results, operative and/or pathological reports; -Pertinent tagenostic testing results, operative and/or pathological reports; -Pertinent sychoscial history; -Information and consultations with the treating practitioner; -Pertinent tasks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS PMD 7 Element Order LBeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions releated to the need for the power mobility device S.Length of need 6.Physician's signature. The physician is ginature and concurrence and sign with a valid signature. Ink or valid electronic signatures not here hysician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent process notes; •Pertinent exaluations from other health care practitioner; •Pertinent chalands for other health care practitioner; •Pertinent chalands for other health care practitioners; •Pertinent chalands for other for other for the chaland for other for the chaland for other for the chaland for other for the provision of the face to face Completion Date The in-preson visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F27 Completion date. The documented the face to face examination. The results of both components related to the need for the power mobility device S.Equiphorm Recommended 6.Physic	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertinent diagnostic testing results, operative and/or pathological reports; +Teratment plan and consultations with the treating practitioner; +Pertinent advantions with the treating practitioner; +Pertinent tasks, graphs or photographic information, as appropriate; +Pertinent characteristics and information. Pertinent characteristics and information. -Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face valuation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face valuation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face valuation - whichever date is the latest in sequence - is considered to be the necord should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician 'signature The physician who performed the Face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. -Date the physician signature is physician is maintering physician is physician is appreting the physician is physician is phys	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent and orgenes notes; *Pertinent autiations with the treating practitioner; *Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; *Information and consultations with the treating practitioner; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physicin's isgnature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent associal history; =Pertinent exploations with the treating practitioner; =Pertinent tars, graphs or photographic information, as appropriate; =Pertinent characteristics and information. =Pertinent characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face to Face evaluation should include a detailed, narrative note in the patient's medical record: The record should include relevant information. Document the dace to Face to Face evaluation should include a detailed, narrative note in the patient's medical record: The record should include relevant information. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician vho performed the face-to-face examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. -Date the physician signet the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent pathological history; *Pertinent pathological history; *Pertinent than and progress notes; *Pertinent characts, graphs or photographic information, as appropriate; *Pertinent characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility evice 5.Length of need 6.Physician's signature The physician's signature the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures on	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent gingonstic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent pignostic testing results, operative and/or pathological reports; +Pertinent explansions with the treating practitioner; +Pertinent explansions from other health care practitioners; +Pertinent explansions from other health care practitioners; +Pertinent explansions; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS PMD 7 Element Order LisenetGicary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion. Documented the Face to Face evaluation include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face end physician) must complete and sign with a valid signature. Ink or valid electronic signatures only - no stamps. 7.Date the physician signature is physician phy	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; Hoformation and consultations with the treating practitioner; •Pertinent toyshosocial history; Hofformation and consultations with the treating practitioner; •Pertinent toyshos or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Liseneficiary's name 2 Face to Face Completion Date 2 Face to Face Completion of the face-to-face, or F2E completion's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2E completion. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's wisit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face, or F2E completion date. Bequipment Recommended 4 Diagnosis or conditions related to the need for the power mobility device 5 Length of need 6 Physician's signature The physician signature The physician who performed the face-to-face mobility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures only – on stamps. 7. Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent algonostic testing results, operative and/or pathological reports; -Treatment plan and consultations with the treating practitioner; -Pertinent explanations with the treating practitioner; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations from other health care practitioners and providers; -Pertinent explanations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device S.Length of need 6. Physician's signature The physician's signature The physician's signature. Ink or valid electronic signatures only - no stamps. 7. Deate the physician's disprivation signatures and physician's maintation (ordering physician) must complete and sign with a valid signature. Ink or valid el	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchosotial history; •Pertinent of algnostic testing results, operative and/or pathological reports; •Pertinent synchosotial history; •Pertinent characteristics notes; •Pertinent characteristics and providers and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation veluations; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation veluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Laeneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician who performed the face-to-face mobility examination (ordering	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertiment diagnostic testing results, operative and/or pathological reports; +Teatment plan and consultations with the treating practitioner; +Pertiment diagnostic testing practitioners and providers; +Pertiment explands from other health care practitioners and providers; +Pertiment characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician' of badress power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face valuation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signature. Ink or valid electronic signatures only - no stamps. -Date the physician signate the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalands for mother health care practitioners; •Pertinent chalands for mother health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit, with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. 1.Equipment Recommended 4.Diagnosis or conditions related to the new or mobility device 5.Length of need 6.Physician's signature The physician's signature 1.Equipment Recommended 6.Physician's signature The physician's signature the face-to-face mobility examination (ordering	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem +Clinical seam; Pertiment cliancatic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertiment plan and progress notes; *Pertiment cliancatic testing results, operative and/or pathological reports; *Pertiment pain and consultations with the treating practitioner; *Pertiment cliancatic networks graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information evaluations; *Information evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. CMS PMD 7 Element Order 1.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face, or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Length of need 6.Physician's signature The physician signed the PMD order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO AND EQ 125 LB	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent process notes; - Pertinent evaluations from other health care practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent evaluations is; + Pertinent evaluations is; + Pertinent evaluations; + Pertinent evaluations is; + Pertinent evaluations; + Pertinent evaluation; +	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO AND EQ 125 LB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing problem -Treatment plan and progress notes; +Pertinent spicanostic testing practitioner; +Pertinent explanostic testing practitioners; +Pertinent explanostic prographic information, as appropriate; +Pertinent explanostic prographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information. CMS PMD 7 Element Order L.Beneficiary's name 2.Face to Face Completion Date The in-person visit (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's signature and concurrence with the therapist's evaluation - whichever date is the latest in sequence - is considered to be the completion of the face-to-face or F2F completion date. The documented the Face to Face evaluation should include a detailed, narrative note in the patient's medical record's hould includer elevant information. Document the decision to prescribe a PMD. 4. Diagnosis or conditions related to the need for the power mobility device 5. Length of need 6. Physician's signature The physician's ingenture The physician who performed the face-to-face or-face endosility examination (ordering physician) must complete and sign with a valid signature. Ink or valid electronic signatures cont on stamps. 7. Date the physician signature is physician signature is physician is given the face-to-face or face is physician is	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris mother health care practitioners; •Pertinent chalactoris mother health care practitioners; •Pertinent chalactoris mother health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation welvaluations; •Information and consultations site the health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation velvaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS PMD 7 Element Order Laeneficiary's name 2.Face to Face Completion Date The in-person visit, (with the physician) and the mobility evaluation (with the therapist) are often referred to as the complete face-to-face examination. The results of both components are combined to address power mobility algorithm in its entirety. Either the date of the physician's visit, or the date of the physician's granure and concurrence with the therapist's evaluation - whichever date is the latest in sequence- ic considered to be the completion of the face-to-face, or F2E completion date. The documented the Face to Face examination. The results of both components are combined to address power mobility device 5.Lequiption face. The record should include relevant information. Document the decision to prescribe a PMD. 3.Equipment Recommended 4.Diagnosis or conditions related to the need for the power mobility device 5.Lequiption face.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	K1004	LOW FREQ US DIATHERMY TREATMENT DVC FOR HOME USE	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent and consultations with the treating practitioner; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations in formation, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	10/1/2022	K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB	Information generally required to support authorization decision making includes: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Presentent pain and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025
Durable Medical Equipment (DME)	4/1/2020	L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary smane 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	18033	NIPPLE PROSTH CSTM FAB REUSABL	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pretinent psychosocial history; - Information and consultations with the training practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent valuations from other health care practitioners and providers; - Pertinent valuations from other health care practitioners and providers; - Pertinent nergarding the local delivery system; and - Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual		2/19/2025
Durable Medical Equipment (DME)	(DME) 7/1/2023 L86	L8678	ELECTRICAL STIM SUP EXT USE W/I NEUROSTIM PER MO	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; •Pertinent exoluations with the treating practitioner; •Pertinent exoluations from other health care practitioners and providers; •Pertinent exclusions room other health care practitioners and providers; •Pertinent exclusion regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
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Durable Medical Equipment (DME)	7/1/2020	Q0480	DRIVER FOR USE WITH PNEUMATIC	Information generally required to support authorization decision making includes: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent plan and progress notes; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient charcteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner identifier (NPI) 6. The date of the order	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	\$1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the training practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1035	SENSOR; INVASV DSPBL USE ARTIF PANCREAS DEVC SYS	Information generally required to support authorization decision making includes: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Olinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent psychosocial history; - Information and consultations; - Pertinent psychosocial history; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information evaluations; - Reheficiary; name - A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a bran name/model number - A description of the item of DME ordered-t	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	Prior to 9/1/2019	\$1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Information generally required to support authorization decision making includes: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the training practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1037	RECEIVER; EXTERNAL USE W ARTIF PANCREAS DEVC SYS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered—the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner's National Practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Durable Medical Equipment (DME)	7/1/2024	S5165	HOME MODIFICATIONS; PER SERVICE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations mother health care practitioners; •Pertinent charts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 6 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Quantity 4. Signature of the prescribing physician/practitioner 5. Prescribing physician/practitioner Identifier (NPI) 6. The date of the order	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0101T	EXTRCORPL SHOCK WAVE MUSCSKELE NOS HIGH ENERGY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	10/1/2020	0206U	NEURO ALZHEIMER CELL AGGREGJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extra, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	10/1/2020	0207U	NEURO ALZHEIMER QUAN IMAGING	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cilicical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent gian and progress notes; Pertinent psychosocial history; Pertinent psychosocial history; Pertinent charts, graphs or photographic information, as appropriate; Pertinent evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0214T	NIX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical eaxis; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent ganostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0215T	NJX PARAVERTBRL FACET JT W US CER THOR 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0216T	NJX DX THER PARAVER FCT JT W US LUMB SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent ganoand progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Pertinent exations with the treating practitioner; -Pertinent exatus, graphs or photographic information, as appropriate; -Rethabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025

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Experimental and Investigational	Prior to 9/1/2019	0218T	NJX PARAVERTBRL FCT JT W US LUMB SAC 3RD AND OVER LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from the local delivery system; and =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0274T	PERC LAMINO- LAMINECTOMY IMAGE GUIDE CERV THORAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Elinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care activationer, adproviders; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0278T	TRNSCUT ELECT MODIATION PAIN REPROCES EA TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA 3 MIN TECH TIME	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent pair of constraints, add the treating practitioner; Pertinent evaluations with the treating practitioner; Pertinent evaluations from other health care practitioner, as appropriate; Pertinent evaluation regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	Prior to 9/1/2019	0402T	COLLAGEN CROSS-LINKING OF CORNEA MED SEPARATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0479T	FRACTIONAL ABL LSR FENESTRATION FIRST 100 SQCM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0483T	TMVI W PROSTHETIC VALVE PERCUTANEOUS APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0484T	TMVI W PROSTHETIC VALVE TRANSTHORACIC EXPOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONI PRGRM PR 30 DAYS	C Information generally required to support authorization decision making includes, but not limited to: • (urrent (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • Utinized exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent evaluations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	4/1/2020	0565T	AUTOL CELL IMPLT ADPS TISS HRVG CELL IMPLT CRTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and propriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	4/1/2020	0566T	AUTOL CELL IMPLT ADPS TISS NJX IMPLT KNEE UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	4/1/2020	0569T	TTVR PERCUTANEOUS APPROACH INITIAL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	4/1/2020	0570T	TVR PERCUTANEOUS APPROACH EACH ADDL PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results of practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	7/1/2020	0609T	MRS DISCOGENIC PAIN ACQUISJ SINGLE VOXEL DATA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	7/1/2020	0610T	MRS DISCOGENIC PAIN TRANSMIS BMRK DATA SW ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarshs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	7/1/2020	0611T	MRS DISCOGENIC PAIN ALGORTHMIC ALYS BMRK DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	7/1/2020	0612T	MRS DISCOGENIC PAIN INTERPRETATION AND REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oreards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0738T	TX PLANNING MAG FLD INDCTJ ABLTJ MAL PRST8 TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0770T	VIRTUAL REALITY TECHNOLOGY TO ASSIST THERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	1/1/2023	0771T	VR PX DISSOC SVC SAME PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Itistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Prestment plan and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent charls, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Experimental and Investigational	1/1/2023	0772T	VR PX DISSOC SVC SAME PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Elistory of the presenting problem *Clinical exam; *Pertiment diagnostic testing results, operative and/or pathological reports; *Pertiment psychosocial history; *Pertiment psychosocial history; *Pertiment evaluations from other health care practitioner; *Pertiment charst, graphs or photographic information, as appropriate; *Pertiment charst, graphs or photographic information, as appropriate; *Information negarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Experimental and Investigational	1/1/2023	0773T	VR PX DISSOC SVC OTH PHYS/QHP 1ST 15 MIN 5YR/>	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent tarst, graphs or photographic information, as appropriate; *Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Experimental and Investigational	1/1/2023	0774T	VR PX DISSOC SVC OTHER PHYS/QHP EA ADDL 15 MIN	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Ilicary of the presenting problem *Clinical exam; *Pertiment diagnostic testing results, operative and/or pathological reports; *Pertiment psychosocial history; *Pertiment psychosocial history; *Pertiment evaluations with the treating practitioner; *Pertiment testings or photographic information, as appropriate; *Pertiment charst, graphs or photographic information, as appropriate; *Information negarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Experimental and Investigational	1/1/2023	0776T	THERAPEUTIC INDUCTION OF INTRA BRAIN HYPOTHERMIA	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

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Experimental and Investigational	1/1/2023	0777Т	R-T PRESSURE SENSING EPIDURAL GUIDANCE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent readuations from other health care practitioners and propriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0778T	SMMG CNCRNT APPL IMU SNR MEAS ROM POST GAIT MUSC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0779Т	GI MYOELECTRICAL ACTIVITY STUDY STMCH-COLON I&R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0781T	BRNCHSC RF DSTRJ PULM NRV BI MAINSTEM BRONCHI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	1/1/2023	0782T	BRNCHSC RF DSTRJ PULM NRV UNI MAINSTEM BRONCHUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charac, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Experimental and Investigational	10/1/2023	0793T	PERQ TCAT THRM ABLTJ NERVES INNERVATING P-ART	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0794T	PT SPEC ALG RANKING PHARMACOONCOLOGIC TX OPTIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Pertinent overlations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/202
Experimental and Investigational	10/1/2023	0795T	TCAT INSJ PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pipan and progress notes; •Pertinent psychosocial history; #information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; *Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2029
Experimental and Investigational	10/1/2023	0796T	TCAT INSJ PERM 2CHMBR LDLS PM ATR PM COMPNT D	R Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pin and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations rom other health care practitioner, sapps or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/202
Experimental and Investigational	10/1/2023	0797T	TCAT INSJ PERM 2CHMBR LDLS PW VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations rom other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	10/1/2023	0798T	TCAT RMVL PERM DUAL CHAMBER LDLS PM COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhaustions for whote practitioners and providers; +Pertinent exhalizations from other health care practitioners and providers; +Pertinent exhalizations for bhotographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0799T	TCAT RMVL PERM 2CHMBR LDLS PN R ATR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0800T	TCAT RMVL PERM 2CHMBR LDLS PM R VENTR PM COMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0801T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grand progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0802T	TCAT RMVL&RPLCMT PERM 2CHMBR LDLS PM R ATR CMPNT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Experimental and Investigational	10/1/2023	0803T	TCAT RMVL&RPLCMT PRM 2CHMBR LDLS PM R VNTR CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent explanations with the treating practitioner; •Pertinent exaluations for other health care practitioners; •Pertinent exaluations for mother health care practitioners; •Pertinent exaluations for mother health care practitioners; •Information and regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0805T	TCAT SUPR&IVC PROSTC VLV IMPLT. PERQ FEM VN APPR D	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent trasts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	0806T	TCAT SUPR&IVC PROSTC VLV IMPLT. OPEN FEM VN APPR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent caluations for other health care practitioners; +Pertinent caluations; +Pertinent caluations; +Pertinent caluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2024	0868T	GASTRIC EP MAPG SIMULT PT SX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners and providers; +Pertinent trasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	4/1/2025	31242	NASAL/SINUS NDSC DSTRJ RF ABLATION PST NSL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and leivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	4/1/2025	31243	NASAL/SINUS NDSC DSTRJ CRYOABLATION PST NSL NRV	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tealuations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	
Experimental and Investigational	4/1/2020	34717	EVASC RPR ILAC ART BIFUR ENDGRFT CATHJ RS AND I UNI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (prior other health care practitioner, a sppropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Experimental and Investigational	1/1/2023	43290	ESPHGGSTRDUDNSCPY, FLXIBL, TRNSORAL; WITH DPLYMNT OF INTRGASTRIC BARIATRIC BALLON	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Experimental and Investigational	4/1/2020	46948	LIGATION HEMORRHOID BUNDLE W US	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Experimental and Investigational	1/1/2021	93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exclusions; +Refnabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Measurement of Carotid Intima-Media Thickness for Prediction of Clinical Vascular Events.	2/19/20;

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical eases: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations (s) •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	7/1/2022	C9782	BLD PROC NYHA CLS II/III HF/CCS CLS III/IV CRA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations form other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	10/1/2023	C9784	ENDO SLEEVE GASTRO W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Experimental and Investigational	10/1/2023	C9785	ENDO OUTLET RESTRICT W/TUBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent charac, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Experimental and Investigational	7/1/2023	E1905	VIRTUAL REALITY CBT INCLUDING F TX SOFTWARE	pp Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Prescription Digital Therapeutics	2/19/2025
Experimental and Investigational	1/1/2021	к1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent lapha and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	2/19/2025
Experimental and Investigational	Prior to 9/1/2019	L8608	MISC EXT COMP SPL ACSS FOR ARGUS II RET PROS SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent logn and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • Linical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent nergarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	0006M	ONCOLOGY HEP MRNA 161 GENES RISK CLASSIFIER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0007M	ONCOLOGY GASTRO 51 GENES NOMOGRAM DISEASE INDEX	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nevaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	0009U	ONC BRST CA ERBB2 COPY NUMBER FISH AMP NONAMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations (s) =Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tharts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	10/1/2020	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	4/1/2020	0140U	NFCT DS FUNGAL PATHOGEN ID DNA 15 FUNGAL TARGETS	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent palph and progress notes; =Pertinent paychossocial history; =Pertinent evaluations from other health care practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	4/1/2020	0152U	NFCT DS MCRB CLL FR DNA UNTRGT NEXT GENRJ SEQ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Teratment Jplan and progress notes; +Pertinent paychossical history; -Pertinent paychossical history; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	4/1/2020	0153U	ONC BREAST MRNA 101 GENES	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent palph and progress notes; =Pertinent paychossocial history; =Pertinent evaluations from other health care practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0154U	ONC UROTHELIAL CANCER RNA RT- PCR FGFR3 GENE ALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	0155U	ONC BRST CA DNA PIK3CA GENE ALYS BRST TUM TISS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent nervals or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	7/1/2020	0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	7/1/2020	0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent nervals or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	7/1/2020	0174U	ONC SOLID TUM MASS SPECTROMETRIC 30 PROTEIN TRGT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearlang to realuations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	7/1/2020	0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent carls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	7/1/2020	0184U	DO GNOTYP GENE ANALYSIS ART4 EXON 2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	7/1/2020	0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearly or photographic information, as appropriate; =Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	10/1/2020	0209U	CYTOG CONST ALYS INTERROG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearly or photographic information, as appropriate; =Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0215U RARE DS XO	M DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tarks; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	10/1/2020	0216U NEURO INH	ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations; from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	10/1/2020	0217U NEURO INH	ATAXIA DNA 51 GENE	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrainent plan and progress notes; • Pretrainent plan and progress notes; • Pretrainent plan and consultations with the treating practitioner; • Pertinent playchosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information revaluations; • Information evaluations; • Information evaluations.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	10/1/2020	0218U NEURO MUS	SC DYS DMD SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent tars, graphs or photographic information, as appropriate; +Pertinent characteristics and lineiry; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	1/1/2021	0239U TRGT GEN SI CLL-FR DNA		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charts, clerkisci and information	Molina Clinical Policy: Genetic Testing		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2024	0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	10/1/2023	0387U	ONC MLNMA AMBRA1&LORICRIN IMHCHEM FFPE TISS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the set of t	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations; +Pertinent nevaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0390U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0391U	OB PREECLAMPSIA KDR ENDOGLIN&RBP4 IA SRM ALG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn: -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent chaldnown other health care practitioner; -Pertinent chaldnown other health care practitioners; -Pertinent chals, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn: -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic and progress notes; -Pertinent psychosocial history; +Information and congress notes; -Pertinent evaluations from other health care practitioner; -Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0393U	NEURO PRKNSN CSF DETCJ MSFLD A SYNCLN PRTN QUAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical asam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent psychosocial history; -Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized No	otes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent general context and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0399U	U NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (s): -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diganostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diganostic testing rotes; =Pertinent discubics with the treating practitioner; =Pertinent exoluations from other health care practitioner; =Pertinent exoluations from other health care practitioner; =Pertinent exoluations; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0401U	CRD C HRT DS 9 GEN 12 VRNTS TRG VRNT GNOTYP ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent general history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0403U	ONC PROSTATE MRNA GENE XPRSN PRFLG 18 URINE ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized No	otes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0404U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings for photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0405U	ONC BRST CA SEMIQ MEAS THYMIDINE KINASE ACTV IA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0406U	ONC LUNG FLOW CYTOMETRY SPUTUM 5 MARKERS ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0407U	NEPHROLOGY DIABETIC CKD MULT ECLIA PLASMA ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRI SEQ PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized N	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0410U	ONC PNCRTC DNA WHL GN SEQ 5- HYDROXYMETHYLCYTO SN	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretrinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other lealth care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rebabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0411U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0412U	BETA AMYLOID AB42/40 IMPRCIP QUAN LCMS/MS ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0413U	ONC HL NEO OPT GEN MAPG CPY NMBR ALTERATIONS DNA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergating the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Genetic Counseling and Testing	10/1/2023	0414U	ONC LUNG AUGMNT ALG ALYS DGT WHOL SLD IMG 8 GEN	Z Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations for other health care practitioner; •Pertinent nergins; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2023	0415U	CV DS ACS IA ALG BLOOD 5 YEAR DE RISK SCORE ACS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0417U	RARE DS WHL MITOCHDRL GEN SEQ ALYS 335 NUC GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent gaponts on the presenting problem =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent taylos or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0418U	ONC BRST AUGMNT ALG ALYS DGTZ WHOL SLD IMG 8FEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent tavaluations from other health care practitioners and providers; •Pertinent tavaluations from other health care practitioners and providers; •Pertinent carb, signals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	10/1/2023	0419U	NEUROPSYCHIATRY GEN SEQ ALYS PNL VRNT ALY 13 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Genetic Counseling and Testing	4/1/2020	80145	DRUG ASSAY ADALIMUMAB	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent exats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	80187	DRUG ASSAY POSACONAZOLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	80230	DRUG ASSAY INFLIXIMAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent valuations from other health care practitioners; •Pertinent toriz graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	80235	DRUG ASSAY LACOSAMIDE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	80280	DRUG ASSAY VEDOLIZUMAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	80285	DRUG ASSAY VORICONAZOLE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment pian and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent chark; graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized No	otes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81120	IDH1 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent teals or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81121	IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earns -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graph or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81161	DMD DUPLICATION DELETION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019		BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosoidal history; Pertinent psychosoidal history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019		BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Pertinent exaluations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exatts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent graphs and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from evaluations; +Pertinent evaluations from evaluations; +Pertinent evaluations from evaluations; +Pertinent evalues from from evaluations; +Pertinent evalue from from evaluations; +Pertinent evalue from from evalue from; +Pertinent eva	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from the relating as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81166	BRCA1 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progres notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s): •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81167	BRCA2 GENE ANALYSIS FULL DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	1/1/2021	81168	CND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL and QUAN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations for other health care practitioners and providers; +Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operate and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerving or other health care practitioners; •Pertinent nerving serving or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81173	AR GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81175	ASXLI GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81194	NTRK TRANSLOCATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gian and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations repared in formation, as appropriate; Rechabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent generation and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations from other health care practitioners; -Pertinent revaluations relations of the real of the support of the su	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gan and progress notes; -Pertinent psychosocial history; -Pertinent exaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent genostic testing rootes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s: •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other pathol (information, as appropriate; +Pertinent characteristics and information. +Pertinent characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tasks or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81232	DYPD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearly, service and the support of the supp	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81249	GGPD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent chalshos or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedures Manual		2/19/2025
Genetic Counseling and Testing	1/1/2021	81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chalts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	1/1/2021	81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81298	MSHG GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tracts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	81307	PALB2 GENE ANALYSIS (FULL GENE SEQ)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent travelations from other health care practitioners and providers; +Pertinent travelations from other health care practitioners and providers; +Pertinent revaluations (s); +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tevaluations from other health care practitioners and providers; • Pertinent revaluations regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerving: •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	1/1/2021	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from 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, testists and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rechabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rechabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81410	AORTIC DYSFUNCTION DILATION GENOMIC SEQ ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent results; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81411	AORTIC DYSEUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81413	CAR ION CHNNLPATH GENOMIC SEC ALYS INC 10 GNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81414	CAR ION CHNNLPATH DUP DEL GN ALYS PANEL 2 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81415	EXOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	1/1/2023	81418	RX METAB GENOMIC SEQ ALYS PANEL AT LEAST 6 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	1/1/2021	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81422	FETAL CHROMOSOMAL MICRODELT. GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81425	GENOME SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81426	GENOME SEQUENCE ANALYSIS EAC COMPARATOR GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81430	HEARING LOSS GENOMIC SEQUENC ANALYSIS 60 GENES	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent net availations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81431	HEARING LOSS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the trating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tealuations from other health care practitioners and providers; -Pertinent resultations regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent revaluations for other health care practitioner and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent procession and progress notes; *Pertinent procession notes; *Information and consultations with the treating practitioner; *Pertinent valuations from other health care practitioners; *Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	1/1/2023	81441	IBMFS SEQUENCE ANALYSIS PANEL AT LEAST 30 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chals.graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent chalts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	1/1/2023	81449	TGSAP SOLID ORGAN NEOPLASM 5- 50 RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical example +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalactors for other health care practitioners; +Pertinent chals, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	1/1/2023	81451	TGSAP HEMATOLYMPHOID NEO/DO 5-50 RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsdisons 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.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81455	GEN SEQ ANALYS SOL ORG HEMTOLMPHOID NEO 51 OR GRT GEN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and crogers notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	1/1/2023	81456	TGSAP SO/HEMATOLYMPHOID NEO/DO 51 OR GT RNA ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent characts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81460	WHOLE MITOCHONDRIAL GENOME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81471	X-LINKED INTELLECTUAL DBLT DUP DEL GENE ANALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exaluations or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	Prior to 9/1/2019	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pain and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81521	ONC BREAST MRNA MICRORA GEN XPRSN PRFL 70 GENES	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; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersely or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

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Genetic Counseling and Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersults or protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	1/1/2022	81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT and 31	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergins or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	1/1/2021	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings for photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent horts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/202

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Genetic Counseling and Testing	Prior to 9/1/2019	81536	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP ADD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations reports or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent orearis; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PR RT-PCR 46 GENES	EL Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	4/1/2020	81542	PROSTATE ONCOLOGY, MRNA, MICORARRAY GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025

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Genetic Counseling and Testing	1/1/2021	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	81551	ONC PRSTB PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	4/1/2020	81552	UVEAL MELANOMA, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent para and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	1/1/2021	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Genetic Testing		2/19/2025
Genetic Counseling and Testing	1/1/2022	81560	RNSPLI PED LVR and BWL MES CD154 Plus T CLL WHL PRPH BLD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing structures and/or pathological reports; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent extra, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent exhalizations for othotographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	84999	UNLISTED CHEMISTRY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grand progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	4/1/2020	87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED PROBE TECH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent approximations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exclusions; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Genetic Counseling and Testing	Prior to 9/1/2019	\$3722	DOSE OPTIMIZ AUC ANALY INFUSIONAL 5-FLUOROURACIL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem (Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chalts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Genetic Testing	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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All Home Health Care Services	Prior to 9/1/2019	G0152	SERVICE OCCUP THERAP HOME HITH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (: eRehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0153	SRVC SPCH AND LANG PATH HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0155	SRVC CLINICAL SOCIAL WORKER HH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactoris from the health care practitioners and providers; •Pertinent chals or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0156	SRVC HH HOSPICE AIDE IN HH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Treatment plan and progress notes; - Pertinent explosical history; - Information and consultations with the treating practitioner; - Pertinent explosing from other health care practitioners; - Pertinent explosting from other health care practitioners; - Pertinent explosting from other health care practitioners; - Pertinent explosting prior to hospitabilitation, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and + Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0157	SERVICES PT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the reating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0158	SERVICE OT ASSIST HOME HEALTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactions from ther health care practitioners and providers; •Pertinent to realuations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0159	SERVICES PT HOME HEALTH EST DEL PT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent dignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent paychosocial history; *Pertinent explosions with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0160	SERVICES OT HOME HEALTH EST DEI OT MP EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress note; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent challactions from other health care practitioners and providers; +Pertinent totals or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0161	SERVICE SLP HH EST DEL SPCH-LANC PATH MP EA 15 M	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical earn; • Pertinent giagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent totats, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information negarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0162	SKILLED SERVICE RN M AND E PLAN OF CARE; EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent exclusions from other health care practitiones and providers; - Rechabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
All Home Health Care Services	7/1/2023	G0299	DIRECT SNS RN HOME HEALTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalaulisons from other health care practitioners and providers; •Pertinent chals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
All Home Health Care Services	7/1/2023	G0300	DIRECT SNS LPN HOME HLTH HOSPICE SET EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress note; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent traductions from other health care practitioners; Pertinent traductions from other health care practitioners; Pertinent traductions from other health care practitioners; Pertinent chards, graphs or photographic information, as appropriate; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial admit visit and six (6) subsequent visits do not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
All Home Health Care Services	Prior to 9/1/2019	G0490	FACE-TO-FACE HH NSG VST RHC FQHC AREA SHTG HHA	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent chalstor, as appropriate; - Rehabilitation evaluations; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information negarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0493	SKILLED SERVICES RN OBV AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations (information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0494	SKILLED SRVC LPN OBS AND ASMT PT COND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent synchosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testing or photographic information, as appropriate; -Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	G0495	SKD SRVC RN TRAIN AND EDU PT FAM HH HOSPC EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the reating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	G0496	SKD SRVC LPN TRAIN AND EDU PT FAM HH HOSPC E 15 MIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent pathons with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, appropriate; -Rehabilitation evaluations, information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	\$5116	HOME CARE TRAINING NON- FAMILY; PER SESSION	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent testings for photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	\$5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the reating practitioner; -Pertinent thorts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	55135	COMPANION CARE ADULT ; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment 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 tother health care practitioner, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	7/1/2023	59110	TELEMONITORING PT HOME ALL NEC EQUIP; PER MONTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing stratistics with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extrast, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	S9122	HOM HITH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical earn; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information negarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	\$9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Pertinent psychosocial history; - Pertinent touslations from other health care practitioners; - Pertinent tous evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	59124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners; - Pertinent exclusions from other health care practitioner; - Rehabilitation evaluations; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	S9128	SPEECH THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent resultion evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	59129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charls, graphs or photographic information, as appropriate; - Rechabilitation evaluations; - Information negarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	59131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the relating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from totors; - Pertinent evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	\$9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; - History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioner, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
All Home Health Care Services	Prior to 9/1/2019	59977	MEALS PER DIEM NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information 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.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	T1000	PRIV DUTY INDEPEND NRS SERVICE LIC UP 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent psychosocial history for protographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	T1002	RN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatiment plan and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem - Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent chalations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information negarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	10/1/2019	T1019	PERSONAL CARE SERVICES PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Treatment plan and progress notes; • Information and consultations with the treating practitioner; • Pertinent explusations from other health care practitioners and providers; • Pertinent explusations from other health care practitioners and providers; • Reheabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
All Home Health Care Services	Prior to 9/1/2019	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ovaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent topschoscial history; eInformation and consultations with the treating practitioner; +Pertinent torats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; iInformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
All Home Health Care Services	Prior to 9/1/2019	T1031	NURSING CARE IN THE HOME BY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical ears; + Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent paychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	99183	PHYS QHP ATTN AND SUPVJ HYPRBARIC OXYGEN TX SESSION	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history: - Information and consultations with the reating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from ther health care practitioners and providers; - Rehabilitation regarding the local delivery system; and - Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	A2001	INNOVAMATRIX AC PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent 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 more the protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	A2002	MIRRAGEN ADVANCED WOUND MATRIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	A2019	Kerecis Omega3 MariGen Shield, pe sq cm	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	A2020	ACS Advanced Wound System	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations. •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	A2021	NeoMatriX, per sq cm	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	G0277	HPO UND PRESS FULL BODY CHMBF PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervises or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhaustions for othotographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4101	APLIGRAF PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent groups on the such and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4106	DERMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent travits, graphs or photographic information, as appropriate; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4121	THERASKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations (s); Hinformation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4125	ARTHROFLEX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations is: +Renhabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4126	MEMODERM DERMASPAN TRANZGRFT/INTEGUPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent psychosocial history; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations;	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4128	FLEXHD ALLOPATCHHD OR MATRIX HD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent general history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations from other health care practitiones; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4130	STRATTICE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4132	GRAFIX CORE AND GRAFIXPL CORE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4133	GRAFIX PRM GRAFIXPL PRM STRAVIX AND STRAVIXPL P SC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent pachoscical history; -Ireatment plan and progress notes; -Pertinent explosional history; -Pretinent exclusions with the treating practitioner; -Pertinent exclusions from other health care practitioners and providers; -Pertinent exclusions from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and propriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4151	AMNIOBAND OR GUARDIAN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment ganostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tayling or other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4156	NEOX 100 OR CLARIX 100 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tradits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4157	REVITALON PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical earning the sensitive sets of the s	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4158	KERECIS OMEGA3 PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosoidal history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4159	AFFINITY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022		NUSHIELD PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem CLinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gapost of the string results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019		WOUNDEX FLOW BIOSKIN FLOW 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019		WOUNDEX BIOSKIN PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent ganand progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019		FLOWERAMNIOPATCH PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical eages -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent diagnostic testing resords; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations related in the support of the supp	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4179	FLOWERDERM PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4180	REVITA PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical easis +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent harts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4181	AMNIO WOUND PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nersity or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4182	TRANSCYTE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests of protographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4186	EPIFIX PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment paln and progress notes; -Pertinent polycoscial history; -Pertinent polycoscial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; and providers; -Pertinent exclusions; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4187	EPICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2025	Q4191	RESTORIGIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment 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; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4195	PURAPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history: •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charls, graphs or photographic information, as appropriate; •Retainlitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4196	PURAPLY AM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Retabilization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/202
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4197	PURAPLY XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tevaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regulating the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

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Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4203	DERMA-GIDE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic storing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic storing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent chalacions from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic storing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4218	SURGICORD PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnosts notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4219	SURGIGRAFT-DUAL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; elinformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characteristics and providers; appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

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Hyperbaric/Wound Therapy	10/1/2022	Q4221	AMNIO WRAP2 PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2025	Q4227	AMNIOCORETM PER SQ.CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent readuations (; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2025	Q4229	COGENEX AMNIOTIC MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2022	Q4231	CORPLEX P PER CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent result on evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2025	Q4236	CAREPATCH PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment plan and progress notes; -Prestment psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Information evaluation; -Information evaluation; -Information evaluation; -I	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical asam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent chalshos or photographic information, as appropriate; -Pertinent chalshos regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2025	Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2021	Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	1/1/2022	Q4252	VENDAJE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/202
Hyperbaric/Wound Therapy	7/1/2023	Q4265	NEOSTIM TL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and progress notes; =Pertinent exploadial history; =Pertinent exploadian swith the treating practitioner; =Pertinent exploations with the treating practitioner; =Pertinent exploations; =Pertinent exploations; =Rethabilitation evaluations; =Information arguing the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	Q4266 NEOSTIM MEMBRANE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent examples from other health care practitioners; =Rehabilitation evaluations; =Information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	Q4267 EOSTIM DL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent charts, graphs or photographic information, as appropriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	Q4268 URGRAFT FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent generation and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (s) -Pertinent revaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	Q4269 SURGRAFT XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	7/1/2023	Q4270 COMPLETE SL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2023	Q4271 COMPLETE FT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment 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; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4272 ESANO A, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical learm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4273 ESANO AAA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical esam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4274 ESANO AC, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Freatment plan and progress notes; • Pertinent pychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4275 ESANO ACA, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4276	ORION, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent sychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4278	WOUNDPLUS MEMBRANE OR E- GRAFT, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4280	XCELL AMNIO MATRIX, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tradits, or pathographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4281	BARRERA SL OR BARRERA DL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4282	CYGNUS DUAL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2023	Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	10/1/2023	Q4284	DERMABIND SL, PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.	2/19/2025
Hyperbaric/Wound Therapy	4/1/2025	Q4294	AMNIO QUAD-CORE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2025	Q4295	AMNIO TRI-CORE AMNIOTIC PER SC	 (Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent results over a particular evaluation; -Pertinent negarding the local delivery system; and -Patient characteristics and information 	Molina Clinical Policy: Skin and Soft Tissue Substitutes	
Hyperbaric/Wound Therapy	4/1/2025	Q4299	AMNICORE PRO Plus PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charac, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin and Soft Tissue Substitutes	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2024	Q4326	WOUNDPLUS MEMBRANE OR E-GRA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluation; +Information regarding the local delivery system; and +Patient characteristics and information	Additional information is required to define this code and determine criteria.		2/19/202
Imaging and Special Tests	Prior to 9/1/2019		EREBRAL PERFUSION ANALYS CT W	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to=""> </urrent>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019		WYOCRD SYMPATHETIC INNERVAJ MG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019		VYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to=""><urrentlistery of="" presenting="" problem<br="" the=""><urrentliare and="" notes;<br="" progress=""><urrentliare and="" notes;<br="" problem="" progress="" transmit=""><urrentliare and="" notes;<br="" problem="" progress="" transmit=""><urrentliare and="" notes;<br="" problem="" progress="" transmit=""><urrentliare and="" notes;<br="" problem="" progress="" transmit=""> Pertinent psychosocial history; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluation; Information regarding the local delivery system; and Patient characteristics and information. </urrentliare></urrentliare></urrentliare></urrentliare></urrentliare></urrentlistery></urrent>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	1/1/2021	0609T I	VIRS DISC PAIN ACQUISJ DATA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate pattern history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertiment diagnostic testing results, operative and/or pathological reports; =Pertiment plan and progress notes; =Pertiment postoscial history; =Pertiment examples from other health care practitioner; =Pertiment evaluations from other health care practitioners; =Pertiment evaluations from other health care practitioners; =Pertiment evaluations; =Pertiment evaluations; =Information reading to local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0610T	MRS DISC PAIN TRANSMIS DATA	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earm; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2021	0611T	MRS DISC PAIN ALG ALYS DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluations from other health care practitioner, •Pertinent carding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2021	0612T	MRS DISCOGENIC PAIN I&R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent certars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	0623T	AUTO QUAN and CHARAC CORONARY ATHEROSCLEROTIC PLAQUE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	0624T	AUTO QUAN and CHARAC CORONARY PLAQ DATA PREP and TRNSMIS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent synchosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	1/1/2022	0626T	AUTO QUAN and CHARAC CORONARY PLAQ REV CPTR ALYS I and R	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment generation and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent treature, plays or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	1/1/2021	0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and concustations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations for other health care practitioners and providers; +Pertinent evaluations for blotographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	1/1/2021	0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent graphs and progress notes; +Pertinent syschosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exams or evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	1/1/2021	0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extracts, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2021	0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent totals, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2021	0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2021	0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent process notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	0689T	QUAN US TISS CHARAC I and R W/0 DX US SAME ANAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervalises; •Pertinent revaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	1/1/2022	0710T	N-INVAS ARTL PLAQ ALYS DATA PR QUAN REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0711T	N-INVAS ARTL PLAQ ALYS DATA PREP and TRANSMISSION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent valuations from other health care practitioners and providers; •Pertinent nearlys or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	0712T	N-INVAS ARTL PLAQ ALYS QUAN STRUX and COMPOS VSL WAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	0713T	N-INVAS ARTL PLAQ ALYS DATA REVIEW I and R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent net evaluations from other health care practitioners; •Pertinent net evaluations; •Information negarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70450	CT HEAD BRAIN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70460	CT HEAD BRAIN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70470 CT HEAD BRAIN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; •Arabalititation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70496 CT ANGIOGRAPHY HEAD W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70498 CT ANGIOGRAPHY NECK W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70540 MRI ORBIT FACE AND NECK W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70542 MRI ORBIT FACE AND NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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; •Pertinent charact, graphs or photographic information, as appropriate; •Arehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70543	MRI ORBIT FACE AND NECK W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70544	MRA HEAD W O CONTRST MATERIA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical examples of the presenting problem -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70545	MRA HEAD W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gano and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	70546	MRA HEAD W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent characteristics and providers; yetem; and +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	70547	MRA NECK W O CONTRST MATERIAI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pathosocial history; +Pertinent exclusions with the treating practitioner; +Pertinent exclusions from other health care practitioner; +Pertinent exclusions from other health care practitioner; +Pertinent exclusions from other health care practitioner; +Pertinent exclusions is: +Renhabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70548	MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Perfinent diagnostic testing results, operative and/or pathological reports; •Perfinent gischosocial history; *Perfinent psychosocial history; Information and consultations with the treating practitioner; +Perfinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20
Imaging and Special Tests	Prior to 9/1/2019	70549	MRA NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic stating results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent charsultations with the treating practitioner; +Pertinent charsultations from other health care practitioner; +Pertinent charsultations for other health care practitioner; +Pertinent charsultations are providers; +Pertinent charsultations deviations; +Pertinent charsultations are practitioner; +Pertinent charsultations are providers; +Pertinent charsultations are practitioner; +Pertinent charsultations are practitioner; +Pertinent charsultations are practitioner; +Pertinent charsultations are practitioner; +Pertinent charsultations; +Pertinent charsultations are practitioner; +Pertinent charsultations are practitioner; +Pertinent charsultations; +Pertinent charsultations; +Pertinent charsultations; +Pertinent charsultations; +Pertinent charsultations; +Pertinent charsultations are practitioner; +Pertinent charsultations; +Pertinent charsultations; +Pert	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	70551	MRI BRAIN BRAIN STEM W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Perfinent diagnostic testing results, operative and/or pathological reports; •Perfinent paynoscial history; •Information and consultations with the treating practitioner; •Perfinent evaluations from other health care practitioners; •Perfinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20
Imaging and Special Tests	Prior to 9/1/2019	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and="" as:="" history="" hospital="" months),="" office="" patient="" records;<br="" related="" requested="" services="" such="" the="" to=""><urrent, presenting="" problem<br="" the=""><urrent, and="" diagnostic="" operative="" or="" pathological="" reports;<br="" results,="" testing=""><urrent, and="" notes;<br="" pathon="" progress=""><urrent, and="" notes;<br="" pathon="" progress=""><urrent< td=""><td>Third Party Proprietary Criteria</td><td>For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal</td><td>2/19/20</td></urrent<></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent,></urrent>	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20
Imaging and Special Tests	Prior to 9/1/2019	70553	MRI BRAIN BRAIN STEM W O W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent plan donsultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations; =Pertinent evaluations; =Pertinent chars; repairs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70554	MRI BRAIN FUNCTIONAL W O PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information negating the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	70555	MRI BRAIN FUNCTIONAL W PHYSICIAN ADMNISTRATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations form other health care practitioners; =Pertinent traits, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	71275	CT ANGIOGRAPHY CHEST W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chalts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	71550	MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; elinformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	71551	MRI CHEST W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations from other health care parcetitiones; +Pertinent exaluations from other health care parcetitiones; +Rehabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Pertinent characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent entuations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	71555	MRA CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72128	CT THORACIC SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gaponts notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72129	CT THORACIC SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72130	CT THORACIC SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extra, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20

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Imaging and Special Tests	Prior to 9/1/2019	72131	CT LUMBAR SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72132	CT LUMBAR SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent thevaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72133	CT LUMBAR SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72142	MRI SPINAL CANAL CERVICAL W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschossical history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

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Imaging and Special Tests	Prior to 9/1/2019	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent approximation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gaponation theory; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72148	MRI SPINAL CANAL LUMBAR W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tracts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72149	MRI SPINAL CANAL LUMBAR W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	72156	MRI SPINAL CANAL CERVICAL W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioner, appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

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Imaging and Special Tests	Prior to 9/1/2019	72157	MRI SPINAL CANAL THORACIC W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72158	MRI SPINAL CANAL LUMBAR W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2029
Imaging and Special Tests	Prior to 9/1/2019	72159	MRA SPINAL CANAL W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent approximations notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: MRI Angiography Spinal Canal	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72191	CT ANGIOGRAPHY PELVIS W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent taylage or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72192	CT PELVIS W O CONTRAST MATERIA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent dignostic testing results, operative and/or pathological reports; +Pertinent dignostic testing studies, such as a providers; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations from other health care practitioners; and providers; +Pertinent exaluations from other health care practitioner, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20:

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	72193	CT PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72194	CT PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72195	MRI PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	72196	MRI PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20:
Imaging and Special Tests	Prior to 9/1/2019	72197	MRI PELVIS W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diganostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent tapkanostic testing results, operative and/or pathological reports; +Pertinent diganostic testing ractitioner; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations from other health care partitioners and providers; +Pertinent exaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20

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Imaging and Special Tests	Prior to 9/1/2019	72198	MRA PELVIS W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent graphs and progress notes; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent chaladions 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.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	73218	MRI UPPER EXTREMITY OTH THAN J W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73219	MRI UPPER EXTREMITY OTH THAN J W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent generation and progress notes; •Pertinent psychosocial history; =Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carlas, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	73220	MRI UPPER EXTREM OTHER THAN JT W O AND W CONTRAS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent caluations from other health care practitioners; •Pertinent caluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	73221	MRI ANY JT UPPER EXTREMITY W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Teratment plan and progress notes; +Pertinent taxions with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioner, and providers; +Retinent organized information, as appropriate; +Retinent information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

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Imaging and Special Tests	Prior to 9/1/2019	73222	MRI ANY JT UPPER EXTREMITY W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chaluations 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.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73223	MRI ANY JT UPPER EXTREMITY W O AND W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent tevaluations from other health care practitioners; +Pertinent revaluations; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical examples of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent generation and progress notes; •Pertinent psychosocial history; •Information and coultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations form other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	73718	MRI LOWER EXTREM OTH THN JT W O CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earny •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20;
Imaging and Special Tests	Prior to 9/1/2019	73719	MRI LOWER EXTREM OTH THN JT W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent packnostic testing matching practitioner; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioners; +Pertinent exaluations information; as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20

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Imaging and Special Tests	Prior to 9/1/2019	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhaustions from other health care practitioners and providers; +Pertinent exhaustions from other health care practitioners and providers; +Pertinent exhaustions from other health care practitioners and providers; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73721	MRI ANY JT LOWER EXTREM W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73722	MRI ANY JT LOWER EXTREM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and Information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73723	MRI ANY JT LOWER EXTREM W O AND W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	73725	MRA LOWER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	74150 CT ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74160 CT ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlautions; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74170 CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent overlautions; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74174 CT ANGIO ABD AND PLVIS CNTRST MTRL W WO CNTRST IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment paychosocial history; •Information and consultations with the treating practitioner; •Pertiment charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charls, carding the local delivery system; and	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74175 CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

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Imaging and Special Tests	Prior to 9/1/2019	74176 CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and •Patient chartscristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74177 CT ABDOMEN AND PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethinition evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74178 CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rethinitiation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	74181 MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retainlitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	74182 MRI ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Informations 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.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

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Imaging and Special Tests	Prior to 9/1/2019	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Oriented taignostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74185	MRA ABDOMEN W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Orient diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations form other health care practitioners; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2029
Imaging and Special Tests	Prior to 9/1/2019	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Itistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations for other patholic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2029
Imaging and Special Tests	Prior to 9/1/2019	74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; *Teratment plan and progress notes; *Teratment plan and progress notes; *Teratment plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent exaluations from other health care practitioners; *Pertinent exaluations from other health care practitioner; *Rethabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75557	CARDIAC MRI MORPHOLOGY AND FUNCTION W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the Ical delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	75559	CARDIAC MRI W O CONTRAST W STRESS IMAGING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent taylasions from other health care practitioners and providers; +Pertinent caluations from other health care practitioners and providers; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	75561	CARDIAC MRI W WO CONTRAST AND FURTHER SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent calculations from other health care practitioners and providers; •Pertinent calculations (section evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20:
Imaging and Special Tests	Prior to 9/1/2019	75563	CARDIAC MRI W W O CONTRAST W STRESS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent taylasions from other health care practitioners and providers; *Pertinent caluations from other health care practitioners and providers; *Pertinent caluations (second to the real to the support of the s	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20
Imaging and Special Tests	Prior to 9/1/2019	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent exats, graphs or photographic information, as appropriate; *Rethabilitation evaluations; *Information regarding the local delivery system; and *Patient charceteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE AND MORPH	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Cinical eaam; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent psychosocial history; Pertinent dualitoris on ther health care practitioner; Pertinent characteristics and providers; Pertinent characteristics and information. Third Party Proprietary Criteria Formation and progress notes; Pertinent valuations from other health care practitioner; Pertinent valuations from other health care practitioner; Pertinent valuations from evaluations; Pertinent characteristics and information. Information and presenting providers; Pertinent valuations from other health care practitioner; Pertinent valuations from other health care practitioner; Pertinent valuations from other health care practitioner; Pertinent valuations from evaluations; Pertinent valuations from other health care practitioner; Pertinent valuations from other health care practitioner; Pertinent valuations from other health care practitioner; Pertinent valuations from evaluations; Pertinent valuations from other health care practitioner; Pertinent valuations from evaluations; Pertinent valuations from other health care practitioner; Pertinent valuations from the holation (pertine) Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations; Pertinent valuations;	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	75573	CT HRT CONTRST CARDIAC STRUCT AND MORPH CONG HRT D	Information generally required to support authorization decision making includes, but not limited to:	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	75574	CTA HRT CORNRY ART BYPASS GRFTS CONTRST 3D POST	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent characteristics and information. Third Party Proprietary Criteria +Partinent characteristics and information. Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	75635	CTA ABDL AORTA AND BI ILIOFEM W CONTRAST AND POSTP	Information generally required to support authorization decision making includes, but not limited to:	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	76376	3D RENDERING W INTERP AND POSTPROCESS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to:	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	76377	3D RENDERING W INTERP AND POSTPROC DIFF WORK STATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearlastics; =Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: 3D Interpretation and Reporting of Imaging Studies	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	4/1/2021	76390	MRI SPECTROSCOPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent resultion evaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	76391	MAGNETIC RESONANCE ELASTOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent nearlastics; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent payschosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77048	MRI BREAST W OUT AND WITH CONTRAST W CAD UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the trating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77049	MRI BREAST WITHOUT AND WITH CONTRAST W CAD BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prentinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations: Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77385	INTENSITY MODULATED RADIATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical example •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Hoformation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +Pertinent exclusions from other health care practitioners; +Pertinent testing, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78206	LIVER IMAGING SPECT W VASCULAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical example •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; *Pertinent evaluations form other health care practitioners; *Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Hinformation negarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	4/1/2020	78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and crogsus notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners and providers; +Pertinent evaluations for other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	4/1/2020	78430	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent readuations from other health care practitioners and providers; +Pertinent readuations from other health care practitioners and providers; +Pertinent readuations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	4/1/2020	78431	MYOCRD IMG PET PRFUJ MLT STD RST AND STRS CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations mother health care practitioners; *Pertinent readuations from other health care practitioners; *Pertinent nevaluations (s); *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	4/1/2020	78432	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	4/1/2020	78433	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls; graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Pertinent exiluations with the treating practitioner; -Pertinent exiluations from other health care practitioners and providers; -Pertinent exiluations or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earm; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exhaustons from other health care practitioners and providers; =Pertinent exhaustons from othotographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST STRES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations mother health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (i Hinformation, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gans and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL QUAN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W WO QUANTJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent trasts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; einformation and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78483	CARD BL POOL PLNR MLT STDY WAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST STRESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78607	BRAIN IMAGING TOMOGRAPHIC SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for botographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78608	BRAIN IMAGING PET METABOLIC EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues on other health care practitioners; •Pertinent nervalues on other health care practitioners; •Pertinent nervalues and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78609	BRAIN IMAGING PET PERFUSION EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78811	PET IMAGING LIMITED AREA CHEST HEAD NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent tevaluations from other health care practitioners; •Pertinent newlawitons; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202
Imaging and Special Tests	Prior to 9/1/2019	78812	PET IMAGING SKULL BASE TO MID- THIGH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations for •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	78813	PET IMAGING WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; +Information and consultations with the treating practitioner; •Pertinent chairs, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information evalu	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent outlations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agenostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent evaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Imaging and Special Tests	1/1/2022	91113	GI TRACT IMAGING INTRALUMINAL COLON I and R	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Note	Date of Annual Review
Imaging and Special Tests	1/1/2021	93241	EXTERNAL ECG REC GT 48HR LT 7D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Imaging and Special Tests	1/1/2021	93242	EXTERNAL ECG REC GT 48HR LT 7D RECORDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergings or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Imaging and Special Tests	1/1/2021	93243	EXTERNAL ECG REC GT 48HR LT 7D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearly, sergies or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Imaging and Special Tests	1/1/2021	93244	EXTERNAL ECG REC GT 48HR LT 7D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Imaging and Special Tests	1/1/2021	93245	EXTERNAL ECG REC GT 7D LT 15D SCAN ALYS REPORT R and I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results operation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Imaging and Special Tests	1/1/2021	93246	EXTERNAL ECG REC GT 7D LT 15D RECORDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pipan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	1/1/2021	93247	EXTERNAL ECG REC GT 7D LT 15D SCANNING ALYS W/REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	1/1/2021	93248	EXTERNAL ECG REC GT 7D LT 15D REVIEW and INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	93998	UNLISTED NONINVASIVE VASCULAI DIAGNOSTIC STUDY	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory 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 such and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent ovaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	C8909	MR ANGIOGRAPHY WITH CONTRAS	ST information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cilicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and consultations with the treating practitioner; •Pertinent dirates, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2029
Imaging and Special Tests	Prior to 9/1/2019	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent piperband and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Imaging and Special Tests	Prior to 9/1/2019	S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other lealth care practitioners; •Pertinent evaluations from other system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877- 731-7218 or in the portal	2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	94657	VENTILATOR SUPPLEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent carts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2029
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97532	COGNITIVE REHABILITATIVE THERAPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Prestment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information. -Patient characteristics and information. -Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annua Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent graphs and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information. +Documentation outlined in the Star-Pflus Waiver Handbook	Texas Medicaid Star Plus Walver Handbook	2/19/20
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	*UOCumentation outlined in the Star-Plus Waiver Handbook Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem C(Inical earm; *Pertinent psychosocial history; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; +Pertinent psychosocial history; *Information and consultations with the reating practitioner; *Pertinent psychosocial history; *Pertinent charts; graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information. *Documentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/20
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grows notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. +Documentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/20
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	55101	DAY CARE SERVICES ADULT; PER HALF DAY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient chartscristics and information. +Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/2/
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tracts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and Information. +Pocumentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/2

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5140 FOSTER CARE ADULT; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent plan and progress notes; • Pertinent pan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations nor photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. • Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5151 UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5160 EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glanostic testing results, operative and/or pathological reports; •Treatment 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. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5161 EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glanostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5165 HOME MODIFICATIONS; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent gianostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information. • Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	\$5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charateristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/19/202:
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	59123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/2025
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan gostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charateristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	59128	SPEECH THERAPY IN THE HOME PE DIEM	R information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cilicial exam; •Pertinent glan gostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent yelvessocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent clarts, graphs or photographic information, as appropriate; •Rehabilitation evaluation; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	59129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient charateretrists and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T1001	NURSING ASSESSMENT/EVALUATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent payschoscial history; •Pertinent psychoscial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient chartscristics and information. *Documentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2021	T1005	RESPITE CARE SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschosocial history; +Pertinent payschosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information. +Patient characteristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychoscial history; +Pertinent paychoscial history; +Pertinent evaluations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient chartscristics and information. +Patient chartscristics and information. +Patient chartscristics and information. +Determation regarding the local delivery system; and +Patient chartscristics and information.	Texas Medicaid Star Plus Waiver Handbook	2/19/202
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2017	HABILITATION RESIDENTIAL WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent payschoscial history; •Pertinent psychoscial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient chartscristics and information. *Documentation outlined in the Star-Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook	2/19/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2031 ASSISTED LIVING WAIVER; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information. +Patient characteristics and information. +Datourdmateristics and information. +Datourdmateristics and information. +Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	T2038 COMMUNITY TRANSITION WAIVER; PER SERVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertiment dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertiment dignostic testing results, operative and/or pathological reports; +Treatment plan and consultations; +Information and consultations; +Pertiment exaluations from other health care practitioner; +Pertiment exaluations from other health care practitioner; and providers; +Pertiment exaluations photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information. +Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2040 FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschossical history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient charts, exteristics and information. +Patient charts.exteristics and information. +Patient charts.exteristics and information. +Date therateristics and information. +Date therateristics and information. +Date therateristics and information. +Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/19/2025
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	1/1/2020	95700 EEG CONT REC W/VIDEO BY TECH MIN 8 CHANNELS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2025
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95708 EEG W/O VID BY TECH EA INCR 12- 26HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem *Clinical exam; Pertinent dignostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent explosical history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent exaluations from other health care practitioner, appropriate; *Rethabilitation evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information exained local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95709	EEG W/O VID BY TECH EA INCR 12- 26 HR INTMT MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R-T MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grant and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from othotographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95711	EEG BY TECH 2-12 HOURS UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent exclusions with the treating practitioner; +Pertinent exclusions from other health care practitioners; +Pertinent exclusions from other health care practitioners; +Pertinent exclusions into +Refnabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITORING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gran and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent early and the relatith care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONITORING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent taxions with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exaluations from other health care practitioner; +Pertinent exaluations inform other health care practitioner; +Pertinent exaluations: -Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Information evaluations; +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; -Information evaluations;	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTENT MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consolutations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95721	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Pertinent nevaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95722	EEG COMPLETE STD PHYS/QHP GT 36 HR LT 60 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, appropriate; •Rehabilitation evaluations the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/2

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95723	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/O VIDEO	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; = Pertinent diagnostic testing results, operative and/or pathological reports; = Treatment plan and progress notes; = Pertinent psychosocial history: = Information and consultations with the reating practitioner; = Pertinent evaluations from other health care practitioners and providers; = Pertinent evaluations from ther health care practitioners and providers; = Rehabilitation evaluations; = Information regarding the local delivery system; and = Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95724	EEG COMPLETE STD PHYS/QHP GT 60 HR LT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/202
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95725	EEG COMPLETE STD PHYS/QHP GT 84 HR W/O VID	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, ap appropriate; -Rehabilitation evaluations; -Information evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20:
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95726	EEG COMPLETE STD PHYS/QHP GT 84 HR W/VEEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization required in any setting.	2/19/20
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent diagnostic testing results on partitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from other health care practitioners and providers; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Hofformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Prior Authorization required in any setting.	2/19/2025
Occupational Therapy	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent covaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t
Occupational Therapy	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t
Occupational Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t
Occupational Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent teals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscolal history; •Pertinent psychoscolal history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availations system; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent care in the result of the second providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation sylations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation rom other health care practitioners and providers; •Pertinent oralits, graphs or photographic information, as appropriate; •Aehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pay-chosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orearis; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GRT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations row to the treating practitioner and providers; •Pertinent evaluations row to the reating practitioner and providers; •Pertinent evaluations row and the set the set of	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Occupational Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Occupational Therapy	Prior to 9/1/2019		THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Occupational Therapy	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Occupational Therapy	4/1/2020	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical seam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations; =Pertinent evaluations; =Pertinent evaluations; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	4/1/2020	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent displan and progress notes; -Pertinent pathona do consultations with the treating practitioner; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information argaving the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsnos of mother health care practitioners; •Pertinent chalsnos or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; endomation and consultations with the treating practitioner; •Pertinent chalsnos from other health care practitioners; •Pertinent chalsnos or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; +Information and congress notes; -Pertinent evaluations from other health care practitioner; -Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Occupational Therapy	7/1/2023	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Dinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent payhossocial history: *Pertinent evaluations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Direct evaluations formation.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Occupational Therapy	7/1/2023	97763 ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations in evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	AGMNTJ CAR FUNCJ	SSS Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0675T LAPS INSJ NEW/RPLCMT LEAD PER ISDSS 1ST LEAD	M Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0676T LAPS INSJ NEW/RPLCMT LEAD PER ISDSS EA ADL LEAD	M Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent taylastions from other health care practitioners; •Pertinent taylastions from other health care practitioner; •Pertinent taylastions from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0677T APS REPOS LEAD PERM ISDSS 1ST REPOSITIONED LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Not	es Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0678T	LAPS REPOS LEAD PERM ISDSS EA ADDL REPOS LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; #Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent pain and progress notes; *Pertinent psychosocial history; #Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Jatient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0679T	LAPAROSCOPIC REMOVAL LEAD PERM ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0680T	INSJ/RPLCMT PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0681T	RELOCATION PULSE GENERATOR ONLY ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0682T	REMOVAL PULSE GENERATOR ONL ISDSS	 V information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charks, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0683T	PROGRAMMING DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychoscial history; eInformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0684T	PERIPROCEDURAL DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent travlautions from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0685T	NTERROGATION DEVICE EVALUATION IN PERSON ISDSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent solutions with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent teals on subter health care practitioners; •Pertinent teals on subter health care practitioners; •Pertinent ion evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0707T	NJX BONE SUB MATRL INTO SUBCHONDRAL BONE DEFECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent soychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent cardination evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent intercompatible information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	17360	CHEMICAL EXFOLIATION ACNE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent charts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	19303	MASTECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent charts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20560	NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torist, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20561	NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rechabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21120	GENIOPLASTY AUGMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations form other health care practitioners and providers; •Pertinent evaluations; •Pertinent nevaluations; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21122	GENIOPLASTY 2 OR GRT SLIDING OSTEOTOMIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21123	GENIOP SLIDING AGMNTJ W INTERPOSAL BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21125	AGMNTJ MNDBLR BODY ANGLE PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRI ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations y •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21137	REDUCTION FOREHEAD CONTOURING ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations mother health care practitioners, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21139	RDCTJ FHD CNTRG AND SETBACK ANT FRONTAL SINUS WALL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues on other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gaphs and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from evaluations; -Pertinent evaluations from evaluations; -Pertinent evaluations from evaluations; -Pertinent evalues from; -Pertinent evalues f	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRI PIECE W O BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent revaluations from other health care practitioners; -Pertinent tradits, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21147	RCNSTJ MIDFACE LEFORT I 3 OR GRT PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic setting results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tasts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and protographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21154	RCNSTJ MIDFACE LEFORT III W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21155	RCNSTJ MIDFACE LEFORT III W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tradits, or pathor graphic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and history system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITAI RIM AND LOWER FHD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschosoidal history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS AND LWR FHD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21240	ARTHRP TEMPOROMANDIBULAR JOINT W WO AUTOGRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21243	ARTHRP TMPRMAND JOINT W PROSTHETIC REPLACEMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation resultations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent teration regarding the local delivery system; and •Patient or regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21282	LATERAL CANTHOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent tharts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21295	REDUCTION MASSETER MUSCLE AND BONE EXTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21296	REDUCTION MASSETER MUSCLE AND BONE INTRAORAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	21601	EXCISION CHEST WALL TUMOR INCLUDING RIBS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consolutations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent tevaluations from other health care practitioners and providers; • Pertinent revaluations regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Cilical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torist, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent carls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22210	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22212	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions (i •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22214	OSTEOTOMY SPINE PST PSTLAT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22220	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial easm; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent organis or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Currical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ovaluations; •Information auditors; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent ovaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent consultations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linicar exam; •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners; •Pertinent corders, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information 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.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22548	ARTHRD ANT TRANSORL XTRORAL C1-C2 W WO EXC ODNTD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations site in the support of th	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nerts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELV C2 EA ADDL NTRSPC	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information, as	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Olinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pain and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent testing or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22586	ARTHRODESIS PRESACRAL INTRBDY W INSTRUMENT L5-S1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22595	ARTHRODESIS POSTERIOR ATLAS- AXIS C1-C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that's, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22600	ARTHRODESIS PST PSTLAT CERVICAI BELW C2 SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, *Pertinent evaluations from other health care practitioners; *Pertinent evaluations regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22612	ARTHRODESIS POSTERIOR POSTEROLATERAL LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent toriats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pack and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent packboscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8 OR GRT VRT SEG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluation sequences; =Pertinent evaluations from the problem of the providers; =Pertinent evaluations from evaluations; =Nethabilitation evaluations; =Pertinent characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22819	KYPHECTOMY 3 OR MORE SEGMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22849	REINSERTION SPINAL FIXATION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orealizations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pay han and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent net evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	22860	TOTAL DISC ARTHRP ANT SECOND INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pain and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22862	REVI RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent to evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Artificial Intervertebral Disc Replacement (ADR) Surgery (Lumbar and Cervical)	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22867	INSJ STABLJ DEV W DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22868	INSI STABLI DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; eInformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluation; •Pertinent evaluation; •Pertinent evaluation; •Pertinent evaluation; •Pertinent evaluation; •Pertinent evaluation; •Perti	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22869	INSJ STABLJ DEV W O DCMPRN LUMBAR SINGLE LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent overlation evaluations; •Renabilitation evaluations; •Renabilitation evaluations; •Pertinent charts, graphs or photographic information, as appropriate; •Renabilitation evaluations; •Pertinent charts, stands or substands; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Information and consultations; •Pertiment evaluations from other health care practitioners and providers; •Pertiment one avaliantors; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation sfrom other health care practitioners and providers; •Pertinent overlations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent evaluations (prime in evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23420	RECONSTRUCTION ROTATOR CUF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pin and progress notes; •Pertinent pix-theory of the training practitioner; •Information and consultations with the training practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on the the internation, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23430	TENODESIS LONG TENDON BICEPS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pin and progress notes; •Pertinent pix-theory in the training practitioner; •Information and consultations with the training practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23450	CAPSULORRHAPHY ANTERIOR PUT PLATT/MAGNUSON	The Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent jup and progregs notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluation serior on ther health care practitioner; • Pertinent overlation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WIT	H Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, •Pertinent evaluations from other health care practitioners, •Pertinent evaluations from other health care practitioners, •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners, •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, fraction evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23466	CAPSULORRHAPHY GLENOHUMRL MULTI-DIRIONAL INS	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrinent provide and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner; Rehabilitation regarding the local delivery system; and Patient characteristics and information 	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the trading practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tradits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners, as appropriate; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services of the support	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27120	ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other lealth care practitioners; •Pertinent evaluations (s) information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27132	CONV PREV HIP TOT HIP ARTHRP W WO AGRFT ALGRFT	/ Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent cards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27137	REVJ TOT HIP ARTHRP ACTBLR W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2024	27278	ARTHRD SI JT PRQ W/PLMT IARTIC IMPLT WO TFXJ DEV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent general history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL and LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27405	RPR PRIMARY TORN LIGM and /CAPSULE KNEE COLLATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27407	REPAIR PRIMARY TORN LIGM and	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27409	RPR 1 TORN LIGM and /CAPSL KNE COLTRL and CRUCIATE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent results or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rethabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent trats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent trats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27420	RCNSTJ DISLOCATING PATELLA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT and /MUSC RL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratiment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent levaluations rom other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent drafts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Information aregarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27438	ARTHROPLASTY PATELLA W PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealuation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT AND PRTL SYNVCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27442	ARTHROPLASTY FEM CONDYLES TIBIAL PLATEAU KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27443	ARTHRP FEM CONDYLES TIBL PLATU KNE DBRDMT AND PRTL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations; =Pertinent evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27446	ARTHRP KNEE CONDYLE AND PLATEAU MEDIAL LAT CMPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27447		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27486	REVJ TOTAL KNEE ARTHRP W WO ALGRFT 1 COMPONENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27487	REVJ TOT KNEE ARTHRP FEM AND ENTIRE TIBIAL COMPONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pash and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28035	RELEASE TARSAL TUNNEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent neralise revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 orealing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent oracle, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioner; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28104	EXC CURTG BONE CYST B9 TUMORTARSAL METATARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Pertinent paychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent characteristics and lelivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28108	EXC CURTG CST B9 TUM PHALANGE FOOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; Pertinent psychosocial history; -Pertinent psychosocial history; Pertinent evaluations with the treating practitioner; -Pertinent characteristics and consultations with the treating practitioners; Pertinent characteristion evaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEAE SPX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation scipping of hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2 3 4	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28118	OSTECTOMY CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28119	OSTECTOMY CALCANEUS SPUR W WO PLNTAR FASCIAL RLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized N	lotes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28120	PARTIAL EXCISION BONE TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28122	PRTL EXC B1 TARSAL METAR B1 XCP TALUS CALCANEUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28124	PARTICAL EXCISION BONE PHALAN) TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pythosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28200	RPR TDN FLXR FOOT 1 2 W O FREE GRAFG EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FRE GRAFT EA TENDON	E Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28208	REPAIR TENDON EXTENSOR FOOT 1 2 EACH TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical easies •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervals or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28270	CAPSUL MTTARPHLINGL JT W WO TENORRHAPHY EA JT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerships or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28285	CORRECTION HAMMERTOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorphotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28286	CORRECTION COCK-UP STH TOE W PLASTIC CLOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28288	OSTC PRTL EXOSTC CONDYLC MET# HEAD	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner, appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28289	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W O IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28291	HALLUX RIGIDUS W CHEILECTOMY 1ST MP JT W IMPLT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28292	CORRJ HALLUX VALGUS W SESMDC W RESCJ PROX PHAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28295	CORRJ HALLUX VALGUS W SESMDC W PROX METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28296	CORRJ HALLUX VALGUS W SESMDC W DIST METAR OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent harts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28298	CORRJ HALLUX VALGUS W SESMDC W PROX PHLNX OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28299	CORRI HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28300	OSTEOTOMY CALCANEUS W WO INTERNAL FIXATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28304	OSTEOTOMY TARSAL BONES OTH THN CALCANEUS TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and conscultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28305	OSTEOT TARSAL OTH THN CALCANEUS TALUS W AGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests of the treating practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28307	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28308	OSTEOT W WO LNGTH SHRT CORRJ METAR XCP 1ST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net subjects or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28309	OSTEOT W WO LNGTH SHRT ANGULAR CORRJ METAR MLT	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28310	OSTEOT SHRT CORRJ PROX PHALAN 1ST TOE	XI information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations rom other health care practitioner; •Pertinent evaluations rom other health care practitioner; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28315	SESAMOIDECTOMY FIRST TOE SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28320	REPAIR NONUNION MALUNION TARSAL BONES	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent thats, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorthological information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28344	RECONSTRUCTION TOE POLYDACTYLY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28715	ARTHRODESIS TRIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28725	ARTHRODESIS SUBTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations revaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28730	ARTHRD MIDTARSL TARSOMETATARSAL MULT TRANSVRS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gapostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent testing regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28735	ARTHRD MIDTARSL TARS MLT TRANSVRS W OSTEOT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28737	ARTHRD W TDN LNGTH AND ADVMNT TARSL NVCLR-CUNEIFOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and conscultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical easis: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent nergings or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net subjects or botographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28760	ARTHRD W XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28890	ESWT HI NRG PHYS QHP W US GDN INVG PLNTAR FASCIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent own or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment or pathor evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioner; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment sychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioners; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history: • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pin and progress notes; • Pertinent providents with the treating practitioner; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioner; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation sequences; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W WO MANIPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATO CUFF REPAIR	R Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results; •Pertinent nert, sgraphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent psychosocial history; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners, •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29873	ARTHROSCOPY KNEE LATERAL RELEASE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29874	ARTHROSCOPY KNEE REMOVAL LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent provide testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOM LIMITED SPX	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent prochosical history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOM 2 OR GRT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pand progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners and providers; -Pertinent revaluations (s) Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29877	ARTHRS KNEE DEBRIDEMENT SHAVING ARTCLR CRTLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29879	ARTHRS KNEE ABRASION ARTHRP MLT DRLG MICROFX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29880	ARTHRS KNEE W MENISCECTOMY MED AND LAT W SHAVING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history: =Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29881	ARTHRS KNE SURG W MENISCECTOMY MED LAT W SHVG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tasks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29882	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL LATERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent calculations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29883	ARTHROSCOPY KNEE W MENISCUS RPR MEDIAL AND LATERAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical easis: • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultations mother health care practitioners; •Pertinent resultations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the traiting practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues of the second providers; •Pertinent negative revealues of the second providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29892	ARTHRS AID RPR LES TALAR DOME FX TIBL PLAFOND FX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29894	ARTHROSCOPY ANKLE W REMOVAI LOOSE FOREIGN BODY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent neration evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL W	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29914	ARTHROSCOPY HIP W FEMOROPLASTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29916	ARTHROSCOPY HIP W LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30465	REPAIR NASAL VESTIBULAR STENOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	30469	RPR NSL VLV COLLAPSE LW NRG SUBQ/SBMCSL RMDLG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent revaluations (s); •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30520	SEPTOPLASTY SUBMUCOUS RESECJ W WO CARTILAGE GRF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31253	NASAL SINUS NDSC TOT W FRNT SINS EXPL TISS RMVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31259	NASAL SINUS NDSC TOT W SPHENI W SPHEN TISS RMVL	pt information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cilical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner, •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31295	NASAL SINUS NDSC SURG W DILAT MAXILLARY SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31296	NASAL SINUS NDSC SURG W DILATION FRONTAL SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervine revealuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY : OR GRT LOBES	2 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torials, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Bronchial Thermoplasty	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33206	INS NEW RPLCMT PRM PACEMAKR W TRANS ELTRD ATRIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, a appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33208	INS NEW RPLCMT PRM PM W	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment ganostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33212	INS PM PLS GEN W EXIST SINGLE LEAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Note	es Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY EXIST DUAL LEADS	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent no valuation outler holds: •Pertinent in ovaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent intervaluations from other health care practitioners; •Pertinent oregards or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent gian and progress notes; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation vealuations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY EXIST MULT LEADS	W Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent synchroadial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent construction evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM DFB PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues of the support of t	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB PM PLS GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33227	REMVL PERM PM PLSE GEN W REP PLSE GEN SNGL LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Pertinent nevaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33228	REMVL PERM PM PLS GEN W REPL PLSE GEN 2 LEAD SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nervalue and upporgenation information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33230	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST DUAL LEADS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations mother health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33231	INSJ IMPLNTBL DEFIB PULSE GEN W EXIST MULTILEADS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33240	INSJ IMPLNTBL DEFIB PULSE GEN W 1 EXISTING LD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and progress notes; =Pertinent pan and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33249	INSJ RPLCMT PERM DFB W TRNSVN LDS 1 DUAL CHMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33262	RMVL IMPLTBL DFB PLSE GEN W REPL PLSE GEN 1 LEAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent generation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent realuations from other health care practitioners and providers; =Pertinent realuations (s) =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treating problem organise information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment 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.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33268	EXCLUSION LAA OPEN TM STRNT/THRCM ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent torist, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33269	EXCLUSION L ATR APPENDAGE THORACOSCOPIC ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioners; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing resords; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33274	TCAT INSJ RPL PERM LEADLESS PACEMAKER RV W IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transf, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Note	5 Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33289	TCAT IMPL WRLS P-ART PRS SNR L-	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent algona and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33370	TRANSCATHETER PLACEMENT and SBSQ REMOVAL CEPD PERQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nervices; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33900	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations in with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33901	PERQ P-ART REVSC ST 1ST NML NATIVE CONNJ BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent nerds; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33902	PERQ P-ART REVSC ST 1ST ABNOR CONNJ UNILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent challs, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33903	PERQ P-ART REVSC ST 1ST ABNORMAL CONNJ BILATERAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	33904	PERQ P-ART REVSC ST EA ADDL VSL/SEP LES NM/ABNL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent nevaluations; -Pertinent evaluations; -Pertinent chars, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36466	NIX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM TRNK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36470	INJECTION SCLEROSANT SINGLE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36471	INJECTION SCLEROSANT MULTIPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent result on sufficient evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilization regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent toris, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND PLUS VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torus, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervalues (up to the practitioner); •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •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 torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent testings or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services and providers; •Pertinent testing services and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other lealth care practitioners and providers; •Pertinent nergerding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Arababilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37243	VASCULAR EMBOLIZE OCCLUDE ORGAN TUMOR INFARCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria for uterine or urologic procedure. Molina Clinical Policy: Genicular Artery Embolizaiton of the Knee for Osteoarthritis for knee procedure	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; = Pertinent diagnostic testing results, operative and/or pathological reports; = Pertinent psychosocial history; = Information and consultations with the treating practitioner; = Pertinent evaluations from other health care practitioner; = Pertinent evaluations from other health care practitioner; = Pertinent evaluations from the health care practitioner; = Pertinent evaluations from the local delivery system; and = Information regarding the local delivery system; and = Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37718	LIGJ DIVJ AND STRIPPING SHORT SAPHENOUS VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37722	LIGJ DIVJ AND STRIP LONG SAPH SAPHFEM JUNCT KNE BELW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37735	LIGJ AND DIVJ RADICAL STRIP LON SHORT SAPHENOUS	IG information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent oregarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Not	es Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XTF 10-20 STAB INCS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (j); Honformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XTF OVER 20 INCS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Treatment plan and progress notes; +Pertinent typokosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rentabilitation evaluations; +Information evaluations;	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent thevaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38204	MGMT RCP HEMATOP PROGENITOP CELL DONOR AND ACQUISJ	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretiment procession sontes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent thats, graphs or photographic information, as appropriate; Rehabilitation regarding the local delivery system; and Platient characteristics and information. 	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; eliformation and consultations with the reating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Information evaluations; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations;	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent pain and progress notes; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent exatus, graphs or photographic information, as appropriate; -Rethabilitation regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent treatures protographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent disgnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners; and providers; •Pertinent exaluations from other health care practitioners; •Pertinent exaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations. +Rethabilitation evaluations. +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent exclusions from other health care practitioner; and providers; -Rehabilitation evaluations. -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Rehabilitation evaluations. -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; and providers; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent evaluations. •Pertinent evaluations; •Information evaluations;	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent packoacial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regulting the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	43291	ESPHGGSTRDUDNSCPY, FLXIBLE, TRNSORAL; WITH RMVL OF INTRAGASTRIC BARIATRIC BALLON(S)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalkations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX- EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2029
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43645	LAPS GSTR RSTCV PX W BYP AND SM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent procession and progress notes; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2029

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43647	LAPS IMPLTJ RPLCMT GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation revaluations.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43648	LAPS REVISION RMVL GASTRIC	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent psychosocial history; information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations from other health care practitioners; *Pertinent totarts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rechabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent targarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grant of progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chairds, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE AND PORT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43842	GASTRIC RSTCV W O BYP VERTICAL- BANDED GASTROPLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43843	GSTR RSTCV W O BYP OTH THN VER BANDED GSTP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures practing evaluation; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the host host care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43846	GASTRIC RSTCV W BYP W SHORT LIMB 150 CM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent oraris, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43847	GASTRIC RSTCV W BYP W SM INT RCNSTJ LIMIT ABSRPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent oreards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43881	IMPLTJ RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation so nother health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations regards or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent synchoscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealization evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47610	CHOLECYSTECTOMY W EXPLORATION COMMON DUCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent orealization evaluations; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49904	OMENTAL FLAP EXTRA-ABDOMINAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	49906	FREE OMENTAL FLAP W MICROVASCULAR ANAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that's, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent trans, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52649	LASER ENUCLEATION PROSTATE W	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent process notes; +Pertinent process notes; +Pertinent process notes; +Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent grand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors, practice and providers; •Pertinent chals, or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent valuations from other health care practitioners; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53451	PERIURETHRAL TPRNL ADJTBL BALC CNTNC DEV BI INSJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53452	PERIURETHRL TPRNL ADJTBL BALO CNTNC DEV UNI INSJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53453	PERIURETHRAL TPRNL ADJTBL BALC CNTNC DEV RMVL EA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent grant dorgenerative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53454	PERIURETHRAL TPRNL ADJTBL BALC CNTNC DEV ADJMT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical example: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realuations (s) Hoformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations; • Pertinent evaluations; • Rehabilitation evaluations; • Altoriation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2025	53865	CYSTOURETHROSCOPY INS TEMP PROS IMPL/STENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54125	AMPUTATION PENIS COMPLETE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria No prior auth required for service when associated w cancer diagnosis.	2/19/2025 ith a
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and propriate; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54410	RMVL AND RPLCMT INFLATABLE PENILE PROSTH SAME SESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chalses or hostographs or photographic information, as appropriate; +Pertinent chalses or evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54411	RMVL AND RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical example: =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent paychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent calls or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54416	RMVL and RPLCMT NON- NFLTBL/NFLTBL PENILE PROSTHESI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54417	RMVL AND RPLCMT PENILE PROSTHESIS INFECTED FIELD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and propriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55175	SCROTOPLASTY SIMPLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55180	SCROTOPLASTY COMPLICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55867	LAPS SURG PRSTBECT SMPL STOT ROBOTIC ASSISTANCE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent exaluations from othorgraphic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hydrogel Spacer for Prostate		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tevaluations from other health care practitioners; +Pertinent cards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55970	NTERSEX SURG MALE FEMALE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent thevaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	55980	INTERSEX SURG FEMALE MALE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56625	VULVECTOMY SIMPLE COMPLETE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent grach and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exiluations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56800	PLASTIC REPAIR INTROITUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations for other health care practitioners and providers; +Pertinent revaluations (s) Hinformation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	56805	CLITOROPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57106	VAGINECTOMY PARTIAL REMOVAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) =Henholittation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57288	SLING OPERATION STRESS INCONTINENCE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	57289	PEREYRA PX W ANTERIOR COLPORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gasnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent carls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57335	VAGINOPLASTY INTERSEX STATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from ther health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual and/ or Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	No prior auth required for service when associated with a cancer diagnosis.	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58150	TOTAL ABDOMINAL HYSTERECT W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nert, sgraphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58152	TOT ABD HYST W WO RMVL TUBE OVARY W COLPURETHRXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing results of the station as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58180	SUPRACERVICAL ABDL HYSTER W WO RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tests protographs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent agnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent carlas, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent characteristics on ther health care practitioners; +Pertinent characteristics and providers; yetem; and +Photomeraluations from conterprint in formation, as appropriate; +Pertinent characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58240	PEL EXNTJ GYNECOLOGIC MAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschosocial history; +Pertinent payschosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent payschosocial history; +Pertinent payschosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58262	VAG HYST 250 GM OR LESS W RMVI TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent thats, graph or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58263	VAG HYST 250 GM OR LESS W RMV TUBE OVARY W RPR NTRCL	L Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58267	VAG HYST 250 GM OR LESS W COLPO-URTCSTOPEXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58270	VAGINAL HYSTERECTOMY 250 GM OR LESS W RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58290	VAGINAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Not	es Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58291	VAG HYST OVER 250 GM RMVL TUBE AND OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consoltations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results on botographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58292	VAG HYST OVER 250 GM RMVL TUBE AND OVARY W RPR ENTRCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nevaluations (evaluations); •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58294	VAGINAL HYSTERECTOMY OVER 25 GM RPR ENTEROCELE	 O Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. 	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58321	ARTIFICIAL INSEMINATION INTRA- CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing sorphotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58322	ARTIFICIAL INSEMINATION INTRA- UTERINE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent pan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58323	SPERM WASHING ARTIFICIAL INSEMINATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paschards notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58345	TRANSCERV FALLOPIAN TUBE CATH W WO HYSTOSALPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58350	CHROMOTUBATION OVIDUCT W MATERIALS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent networks and the support of the support	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58356	ENDOMETRIAL CRYOABLATION W US AND ENDOMETRIAL CR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent orealizations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58540	HYSTEROPLASTY RPR UTERINE ANOMALY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 Gf OR LESS RMVL TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pretinent diagnostic testing results, operative and/or pathological reports; • Pretinent psychosocial history; • Information and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent tends, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58543	LAPS SUPRACERVICAL HYSTERECTOMY OVER 250	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availables or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58544	LAPS SUPRACRV HYSTEREC OVER 250 G RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net availables or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical easi +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and propriate; +Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM OR LESS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58552	LAPS W VAG HYSTERECT 250 GM AND RMVL TUBE AND OVARIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transf, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58553	LAPS W VAGINAL HYSTERECTOMY OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transf, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58554	LAPS VAGINAL HYSTERECT OVER 250 GM RMVL TUBE AND OVAR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM OF LESS	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58571	LAPS TOTAL HYSTERECT 250 GM OR LESS W RMVL TUBE OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS OVER 250 GM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58573	LAPAROSCOPY TOT HYSTERECTOMY OVER 250 G W TUBE OVAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58660	LAPAROSCOPY W LYSIS OF ADHESIONS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58672	LAPAROSCOPY FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58673	LAPAROSCOPY SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58720	SALPINGO-OOPHORECTOMY COM PRTL UNI BI SPX	pt information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical esam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent on ad consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent payls or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58740	LYSIS OF ADHESIONS SALPINX OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58750	TUBOTUBAL ANASTATOMOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58752	TUBOUTERINE IMPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58760	FIMBRIOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58770	SALPINGOSTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58940	OOPHORECTOMY PARTIAL TOTAL UNI BI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent valuations from other health care practitioner; •Pertinent tevaluations from other health care practitioner, sapps or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58976	GAMETE ZYGOTE EMBRYO FALLOPIAN TRANSFER ANY METH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations rom other health care practitioners and providers; •Pertinent overlautions (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61863	STRTCTC IMPLTJ NSTIM ELTRD W C RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent on ad consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; and providers; •Pertinent or valuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61867	STRTCTC IMPLTJ NSTIM ELTRD W RECORD 1ST ARRAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation softion or biotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61885	INSJ RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nervaluents; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61886	INSJ RPLCMT CRANIAL NEUROSTIM GENER 2 OR GRT ELTRDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62324	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62325	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent psychosocial history; -Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62327	NIX DX THER SBST INTRLMNR LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Cinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62380	NDSC DCMPRN SPINAL CORD 1 W LAMOT NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63001	LAM W O FACETEC FORAMOT DSKC 1 2 VRT SEG CRV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63003	LAMINECTOMY W O FFD 1 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63005	LAMINECTOMY W O FFD 1 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent pan and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63011	LAMINECTOMY W O FFD 1 2 VERT SEG SACRAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and providers; - Pertinent evaluations from other health care practitioners and propriate; - Rehabilitation evaluations; - Information regarding the local delivery system; and - Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63012	LAMINECTOMY W RMVL ABNORMAL FACETS LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63015	LAMINECTOMY W O FFD OVER 2 VERT SEG CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63016	LAMINECTOMY W O FFD OVER 2 VERT SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63017	LAMINECTOMY W O FFD OVER 2 VERT SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63020	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC CERVC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Pertinent psychosocial history; -Pertinent psychosocial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment gasnost cesting results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners -Pertinent revaluations from other health care practitioners; -Pertinent revaluations; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and Information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63040	LAMOT PRTL FED EXC DISC REEXPL 1 NTRSPC CERVICAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent part and progress notes; -Pertinent payschossical history; -Information and consultations; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63045	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prentinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent pay and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent transf, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63046	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, •Pertinent evaluation servers): •Pertinent evaluations from other health care practitioner, •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63047	LAM FACETECTOMY AND FORAMOTOMY 1 SEGMENT LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63048	LAM FACETECTOMY and FORAMTOMY 1 SGM EA CRV THRC/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63050	LAMOP CERVICAL W DCMPRN SPI CORD 2 OR GRT VERT SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2 OR GRT SEG RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and conscultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net revaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent cards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent testings or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net subjects or bhotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent pan and progress notes; +Pertinent pan and consultations with the treating practitioner; -Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; -Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63087	VCRPEC THORACOLMBR DCMPRN LWR THRC LMBR 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearly, sensitive results; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63300	VCRPEC LES 1 SGM XDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES : SEG IDRL CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torus, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent oralistors; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS AND PULSE GENER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orearing evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64569	REVISION REPLINT NEUROSTIMLATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRO	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chards, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64582	OPEN IMPLTJ HPGLSL NRV NSTIM R PG and RESPIR SENSOR	A Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charls, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64584	REMOVAL HYPOGLOSSAL NERVE NSTIM RA PG and RESPIR SNR	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent evaluations from other health care practitioners and providers; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64590	INSERTION RPLCMT PERIPHERAL GASTRIC NPGR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orelaudions; •Information evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64628	THERMAL DSTRJ INTRAOSSEOUS BVN 1ST 2 LMBR/SAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent synchascial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent or pathor evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRA FIRST STRAND	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent glangostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner, as appropriate; Pertinent or valuations; Information regarding the local delivery system; and Patient characteristics and information. 	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65771	RADIAL KERATOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealization evaluations; •Information evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65775	CRNL WEDGE RESCJ CORRJ INDUCE ASTIGMATISM	D information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Cinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Uistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUS	C information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent evaluations into other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ ADVMNT INTERNAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oratis, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67909	REDUCTION OVERCORRECTION PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; •Pertinent synchroadial history: information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67950	CANTHOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + listory of the presenting problem • Elinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent theolographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69716	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP LT 100	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions (i •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69729	IMPL OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to 3	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2023	69730	RPLCMT OI IMPLT SKULL MAG TC ATTACHMENT ESP GT or equal to	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Preatment plan and progress notes; -Pertinent psychosocial history; Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners; -Pertinent revaluations for mother health care practitioners; -Pertinent revaluations (s) Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2023	93228	XTRNL MOBILE CV TELEMETRY W/I and REPORT 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charac, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Mobile Cardiac Outpatient Telemetry: Allowed 1 unit per rolling 30 days Policy No. 428	s 2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent pan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chark, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Mobile Cardiac Outpatient Telemetry: Allowed 1 unit per rolling 30 days Policy No. 428	5 2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent evaluations in other health care practitioners and providers; +Pertinent evaluations in evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93581	PRQ TCAT CLSR CGEN VENTR SEPTAI DFCT W/IMPLT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatustions from other health care practitioners and providers; +Pertinent revaluations (given evaluations; +Pertinent revaluations (given evaluations; +Pertinent revaluations (given evaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96567	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ PER DAY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations mother health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent valuations; •Pertinent valuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent ovaluations; •Pertinent ovaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, as appropriate; •Pertinent overlations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96902	MCRSCP XM HAIR PLUCK CLIP FOR CNTS STRUCT ABNORM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Achabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96912	PHOTOCHEMOTX PSORALENS AND ULTRAVIOLET PUVA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent genostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioner; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent providencial statistic strong; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rethabilitation evaluations; •Information evaluations; •Information evaluations; •Information evaluations;	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96920	LASER SKIN DISEASE PSORIASIS TOT AREA UNDER 250 SQ CM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gaph and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent torsts, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96921	LASER SKIN DISEASE PSORIASIS 250- 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/202

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ.CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96932	RCM CELULR AND SUBCELULR SKI	V Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical seam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent plan and progress notes; • Pertinent plan and progress notes; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations from other health care practitioner; • Pertinent evaluations regarding the local delivery system; and • Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96933	RCM CELULR AND SUBCELULR SKI	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner, •Pertinent orarls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Lifscing of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9747	ABLATION PROSTATE TRANSRECTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioner, *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	C9757	LAMINOTOMY DECOMP NERVE ROOT; 1 INTERSPACE LUMB	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent carlas, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9761	CS URS and /PYELOSCPY LITH and VAC ASPIR K COLL SYS and URETHRA IF APPLICABLE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tasks or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9765	REV EVAR ANY VES;IV LITHOTRIPSY and TL STENT PLCMT	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment tevaluations from other health care practitioners and providers; •Pertiment characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gapchan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from evaluations; +Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9773	RVSC EVAR OPEN/PC TIBIAL/PA;IVASC LITH and TL SP	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the setting results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent treatulations with the treating practitioners; +Pertinent charls; graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9774	RVSC EVAR OPN/PERQ TIB/PER ART;IVASC LITH and ATHREC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9775	RVSC EVAR OPN/P TIB/PA;IVASC LITH and TL STNT PL and ATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	2/19/2025
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	S2095	TRNSCATH OCCL EMBOLIZ TUMR DESTRUC PERQ METH USI	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Radioembolization for Primary and Metastatic Tumors of the Liver	2/19/2025

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations (in other health care practitioners); •Pertinent eva	Third Party Proprietary Criteria	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioners; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation son or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Minimally Invasive Sacroiliac Joint Fusion	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2 OR GRT DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (the local delivery system; and •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation shotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62320	NJX DX THER SBST INTRLMNR CRV THRC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/19/2025

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Pain Management Procedures	Prior to 9/1/2019	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations for other patholic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62322	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62323	NJX DX THER SBST INTRLMNR LMBR SAC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62351	IMPLTJ REVJ RPSG ITHCL EDRL CATH W LAM	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent paynboscial history; =Pertinent paynboscial history; =Pertinent evaluations with the treating practitioner; =Pertinent calculations from other health care practitioners; =Pertinent chars, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertiment diagnostic testing results, operative and/or pathological reports; =Pertiment diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertiment diagnostic testing results, operatives and providers; =Information and consultations with the treating practitioner; =Pertiment evaluations from other health care practitioners and providers; =Pertiment examples, graphs or pholographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

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Pain Management Procedures	Prior to 9/1/2019	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	62362	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	63655	LAM IMPLTJ NSTIM ELTRDS PLATE PADDLE EDRL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pretrinent diagnostic testing results, operative and/or pathological reports; -Information and consultations with the treating practitioner; -Pertinent darks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT PDLE INCL FLUOR	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charlas, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	63685	INSJ RPLCMT SPI NPGR DIR INDUXIVE COUPLING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscial history; •Information and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Pain Management Procedures	10/1/2019	64450	INJECTION ANES OTHER PERIPHERAL NERVE BRANCH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cluneal Nerve Block For Treatment of Low Back Pain	No PA required in office or ASC setting. PA required if done in hospital setting outside of another procedure. No PA required if combined with another surgical procedure.	2/19/2025
Pain Management Procedures	4/1/2020	64451	INJECTION AA and /STRD NERVES NRVTG SI JOINT W/IMG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychossocial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and providers; +Pertinent chars, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Pain Management Procedures	4/1/2020	64454	INJECTION AA and /STRD GENICULAR NRV BRANCHES W/IMG	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chals, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64479	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent and progress notes; *Pertinent psychosocial history: *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent chards; graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64480	NJX ANES AND STRD W IMG TFRML EDRL CRV THRC EA LV	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history: =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64483	NIX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *Ilistory of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent charls, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pathon and progress notes; +Pertinent pathon and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations, from other health care practitioners; +Pertinent examples, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Epidural Steroid Injections for Back and Neck Pain		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	64490	NJX DX THER AGT PVRT FACET JT CRV THRC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; Pertinent psychosocial history; Hoformation and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64491	NJX DX THER AGT PVRT FACET JT CRV THRC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64492	NIX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64493	NJX DX THER AGT PVRT FACET JT LMBR SAC 1 LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; endformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overluations; •Pertinent overluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iiistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025

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Pain Management Procedures	Prior to 9/1/2019	64495	NJX DX THER AGT PVRT FACET JT LMBR SAC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nearlays graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Facet Joint / MBB Diagnostic Injections for Chronic Spinal Pain	2/19/2025
Pain Management Procedures	4/1/2020	64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent neralised and evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Genicular Radiofrequency Ablation and Genicular Nerve Blocks for Chronic Knee Pain	2/19/2025
Pain Management Procedures	4/1/2020	64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent neralised and evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64633	DSTR NROLYTC AGNT PARVERTEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent carls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64634	DSTR NROLYTC AGNT PARVERTEB	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Pain Management Procedures	Prior to 9/1/2019	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent graphs and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Potient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation (RFA) for chronic back pain associated with the facet joint.		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	64640	DSTRI NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations mother health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Pain Management Procedures	Prior to 9/1/2019	97812	ACUPUNCTURE 1 OR GRT NDLS W ELEC STIMJ 1ST 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Physical Therapy	7/1/2023	97012	APPL MODALITY 1 OR GT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent that, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97014	APPL MODALITY 1 OR GT AREAS ELEC STIMJ UNATTENDED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	7/1/2023	97016	APPL MODALITY 1 OR GT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97018	APPL MODALITY 1 OR GT AREAS PARAFFIN BATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilisical sam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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. •Pertinent evaluations. •Pertinent evaluations. •Pertinent evaluations.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97022	APPLICATION MODALITY 1 OR GT AREAS WHIRLPOOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from the health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97024	APPLICATION MODALITY 1 OR GT AREAS DIATHERMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Listory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history: •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent charts, graphs or photographic information, as appropriate; •Pertinent characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97026	APPLICATION MODALITY 1 OR GT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Unical exam; =Pertinent garanty: =Information and consultations with the treating practitioner; =Pertinent psychosocial history: =Information and consultations; =Pertinent exaluations; =Pertinent exaluations; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	7/1/2023	97028	APPL MODALITY 1 OR GT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem • Clinical earn; • Pertinent diagnostic testing results, operative and/or pathological reports; • Pertinent pan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	7/1/2023	97032	APPL MODALITY 1 OR GT AREAS ELEC STIMJ EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	7/1/2023	97033	APPL MODALITY 1 OR GT AREAS IONTOPHORESIS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent syschosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations (remote relation evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97034	APPL MODALITY 1 OR GT AREAS CONTRAST BATHS EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent endarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97035	APPL MODALITY 1 OR GT AREAS ULTRASOUND EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	Prior to 9/1/2019	97110	THERAPEUTIC PX 1 OR GT AREAS EACH 15 MIN EXERCISES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Physical Therapy	Prior to 9/1/2019	97112	THER PX 1 OR GRT AREAS EACH 15 MIN NEUROMUSC REEDUCA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent nerships or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Physical Therapy	Prior to 9/1/2019	97113	THER PX 1 OR GT AREAS EACH 15 MIN AQUA THER W/XERSS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the persenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testing services and properties; •Pertinent resultions or other health care practitioners and providers; •Pertinent nertine revealuations; •Pertinent nertine revealuations; •Pertinent nertine revealuations; •Pertinent nertine revealuations; •Pertinent care in the services and providers; •Pertinent care in the revealuation services and providers; •Pertinent care in the revealuation services and providers; •Pertinent care in the revealuation service in the revealues and providers; •Pertinent care in the revealues and providers; •Pertinent care in the revealuation service in the revealues and providers; •Pertinent care in the revealues of the providers	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MII GAIT TRAINJ W STAIR		Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gian and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2029
Physical Therapy	4/1/2020	97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Linical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent testings or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	4/1/2020	97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent giagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	Prior to 9/1/2019	97140	MANUAL THERAPY TQS 1 OR GRT REGIONS EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent gispost cesting results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chards; graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Physical Therapy	Prior to 9/1/2019	97150	THERAPEUTIC PROCEDURES GROUP 2 OR GRT INDIVIDUALS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychosocial history; -Pertinent exclusions with the treating practitioner; -Pertinent exclusions from other health care practitioners and providers; -Pertinent exclusions from other health care practitioners and providers; -Pertinent exclusions in the totographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy	Prior to 9/1/2019	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; enformation and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Physical Therapy	Prior to 9/1/2019	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Presentent plan and progress notes; +Pertinent psychosocial history: =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	Prior to 9/1/2019	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Prestment plan and progress notes; *Pertinent evaluations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t
Physical Therapy	Prior to 9/1/2019	97535	SELF-CARE HOME MGMT TRAINING EACH 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical earns =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charst, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t .
Physical Therapy	7/1/2023	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners; *Pertinent exal, graphs or photographic information, as appropriate; *Retination regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t .

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Physical Therapy	7/1/2023	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/202
Physical Therapy	7/1/2023	97760	ORTHOTICS MGMT AND TRAING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Physical Therapy	7/1/2023	97763	ORTHOTICS/PROSTH MGMT and /TRAING SBSQ ENCTR 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Prosthetics and Orthotics	7/1/2024	L0462	TLSO TRIPLANAR 3 SHELL ANT TO STERNL NOTCH PRFAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestinent pain and progress notes; •Pertinent polycosscial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent darts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/19/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L0480 TLSO TRIPLANAR I PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Retrinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0482 TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pretiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Retainitiation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0484 TLSO TRIPLANAR 2 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Retainitiation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0486 TLSO TRIPLANAR 2 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment charts, graphs or photographic information, as appropriate; •Retainitiation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces	2/19/2025
Prosthetics and Orthotics	7/1/2024	L0636 LSO SAGITTAL-CORONL CNTRL F RIGID POST CUSTOM	LEX Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent sychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent evaluations or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L0637	LUMB-SACRAL ORTHOS SAG-COR CNTRL RIGD A AND P PREFAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent nevaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical example -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; +Information and consultations with the treating practitioner; -Pertinent revaluations from other health care practitioners and providers; +Pertinent treatules on other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (given calculationer); +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0700	CTLSO ANT-POSTERIOR-LAT CONTROL MOLDED PT MODEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent trans, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L0710	CTLSO ANT-POST-LAT CNTRL MOLD PT-INTRFCE MATL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychoscial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1000 CTLSO INCLUSIVE FURNISHING INI ORTHOS INCL MDL	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; Pertinent provided history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1005 TENSION BASED SCOLIOSIS ORTHOTIC AND ACCESSORY PADS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L1200 TLSO INCLUSIVE FURNISHING INITIAL ORTHOSIS ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1680 HIP ORTHOT DYN PELV CONTROL THIGH CUFF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1685 HIP ORTHOS ABDCT CNTRL POSTO HIP ABDCT CSTM	information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent glan and progress notes; •Pertinent glan and progress notes; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent splans and consultations with the treating practitioner; •Pertinent tayluations from other health care practitioner; •Pertinent tayluations from other health care practitioner; •Pertinent characteristics and information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code De	efinition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1730 LEGG PERTHES (RITE CUSTOM F.		H Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent valuations with the treating practitioner; •Pertinent valuations with the treating practitioner; •Pertinent valuation sequence; •Pertinent valuation sequence; •Pertinent valuation regardls in clocal delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1834 KO WITHOUT KI CUSTOM FABRI		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pin and progress notes; •Pertinent pix-theorem of the testing practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft on other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1840 KO DEROTATIO ACL CUSTOM FA	N MEDIAL-LATERAL AB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation shoro of photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1844 KNEE ORTHOSIS THIGH AND CA		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1845 KNEE ORTHOSIS THIGH AND CA		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent sychosocial history; +Pertinent exolutations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations revealuations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1945	AFO MOLD PT MDL PLSTC RIGD ANT TIBL SECT CSTM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progres notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations from other health care practitioners and providers; +Pertinent revoluations; +Pertinent revoluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1950	ANKLE FOOT ORTHOTIC SPIRAL PLASTIC CUSTOM-FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s); •Information regarding the local delivery system; and •Patient characteristics and Information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L1970	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent revaluations from other health care practitioners and providers; Pertinent revaluations from other health care practitioners and providers; Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	Prior to 9/1/2019	L2000 KAFO 1 UPRT FREE KNEE FREE ANK SOLID STIRUP CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerals, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2005 KAFO ANY MATL AUTO LOCK AND SWNG RLSE W ANK JNT CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Vistory of the presenting problem -Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gian and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; #Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2010 KAFO 1 UPRT SOLID STIRUP W O KNEE JNT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent nervalues; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2020 KAFO DBL UPRT SOLID STIRUP THI AND CALF CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2030 KAFO DBL UPRT SOLID STIRUP W O KNEE JNT CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

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Prosthetics and Orthotics	Prior to 9/1/2019	L2034 KAFO PLASTIC MED LAT ROTAT CNTRL CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pay-natorocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Reatingtion evaluations; •Information regarding the local delivery system; and •Patient charts, graphs or information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2036 KAFO FULL PLASTIC DOUBLE UPRIGHT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Teratiment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Reatimition regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2037 KAFO FULL PLASTIC SINGLE UPRIGHT CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pay nan progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Retabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2038 KAFO FULL PLASTIC MX-AXIS AN CUSTOM FAB	IRLE information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem • Clinical exam; • Pertinent glan and progress notes; • Pertinent plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2090 HKAFO UNI TORSION CABLE BAL BEAR CSTM	 Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Treatment pan and progress notes; Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent totans, graphs or photographic information, as appropriate; Rehabilitation revaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	Prior to 9/1/2019	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation sequences; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Prestment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2126	KAFO FEM FX CAST ORTHOTIC THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealuation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L2128	KAFO FX ORTHOTIC FEM FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L2350	ADD LOW EXTREM PROSTHETIC TYPE SOCKT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks: graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L2525	ADD LW EXTRM ISCH M-L BRIM MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L2627	ADD LW EXT PELV PLSTC MOLD PT MDL HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent tevaluations from other health care practitioners; +Pertinent cards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L2628	ADD LW EXT PELV METL FRME RECI HIP JNT AND CABLES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L3900	WHFO DYN FLEXOR HINGE WRST/FNGR DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L3901	WHFO DYN FLEXOR HINGE CABLE DRIVEN CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychossical history; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exatts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L3904	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent tavalizations with the treating practitioner; +Pertinent tavalizations other nealth care practitioners; +Pertinent tavalizations relation and the presence of the practitioner; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L4631	AFO WALK BOOT TYP ROCKR BOTTM ANT TIB SHELL CSTM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations form other health care practitioners and providers; =Pertinent chards, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5050	ANKLE SYMES MOLDED SOCKET SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5060	ANK SYMES METL FRME MOLD LEATHR SOCKT ARTIC ANK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5100	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Preatment plan and progress notes; +Pertinent dignostic testings with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L5105 BELOW KNEE PLSTC SOCKT JNT AN THIGH LACER SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Perterinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent or evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5150 KNEE DISRTC MOLD SOCKT EXT KN JNT SHIN SACH FT	EF Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment evaluations with the treating practitioner; •Pertiment evaluations from other health care practitiones and providers; •Pertiment evaluations rom other health care practitiones; •Pertiment evaluations rom other health care practitiones; •Pertiment evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5160 KNEE DISARTIC MOLD SOCKT BEN KNEE EXT KNEE JNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment pan do consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment evaluations from other health care practitioner, •Pertiment evaluations from other health care practitioners, •Pertiment evaluations from other health care practitioners, •Pertiment evaluations from other health care practitioners, •Pertiment evaluation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5200 ABOVE KNEE MOLD SOCKT 1 AXIS CONSTANT FRICTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5210 ABOVE KNEE SHRT PROSTH NO KN JNT NO ANK JNT EA	If information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent plan and progress notes; •Pertinent park and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent taxis, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

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Prosthetics and Orthotics	7/1/2024	L5220 ABOVE KNEE W/ARTIC AN	E SHORT PROSTH IK/FOOT DYN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5230 ABOVE KNEE DEFIC SACH I		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or other health care practitioners; •Pertinent results on other health care practitioners; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5250 HIP DISARTIC MOLD SOCKT		Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent testings or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5270 HIP DISRTC T LOCK HIP JN	TILT TABLE; MOLD SCKT T	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5280 HEMIPELVEC MOLD SOCKT	CT CANADIAN TYPE; T HIP JNT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5301	BELOW KNEE MOLD SOCKET SHIN SACH FT ENDOSKEL SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5312	KNEE DISARTIC MOLD SOCKET 1 AXIS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5321	ABOVE KNEE OPEN END SACH FT ENDO SYS 1 AXIS KNEE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent para and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5331	JOINT SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent para and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5341	SINGLE AXIS KNEE SACH FOOT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5500	INIT BELOW KNEE PTB SOCKET NON- ALIGN DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024		INIT ABVE KNEE-DISARTC ISCH LEVL SOCKT NON-ALIGN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5510	PREP BELOW KNEE PTB SOCKET NON ALIGN MOLD MODEL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5520	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to DIR FORM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent characteristics and protographic information, as appropriate; •Rethabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5530	PREP BK PTB SCKT NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment Jplan and progress notes; *Pertinent path and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent exaluations from other health care practitioner, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5535	PREP BELOW KNEE PTB NON-ALIGN PRFAB ADJ OPEN END	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5540	PREP BK PTB SCKT NON-ALIGN LAMNATD SCKT MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical example: •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations form other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5560	PREP AK-DISRTC ISCH LEVL PLASTER SOCKET MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychoscolal history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5570	PREP AK-DISRTC ISCH LEVL THERMOPLSTC / Equal to DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; *Pertinent charts, graphs or photographic information, as appropriate; •Information negarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5580	PREP AK DISARTIC NON-ALIGN THERMOPLSTC/ Equal to MOLD MDL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent exats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5585	PREP AK-DISARTC NON-ALIGN PRFAB ADJ OPN END SCKT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent resultions; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent nevaluations; •Pertinent chars, graphs or photographic information, as appropriate; •Aehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5590	PREP AK-DISARTIC NON-ALIGN LAMINATED SOCKET MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5595	PREP HIP DISARTIC-HEMIPELVECT THERMOPLSTC/ Equal to MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5600	PREP HIP DISARTIC-HEMIPELVECT LAMINATD SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5610	ADD LW EXTRM ENDO SYS ABVE KNEE HYDRACADENCE SYS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5611	ADD LW EXTRM ENDO AK-DISRTC 4- BAR LINK W/FRICT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5613	ADD LOW EXTRM ENDO AK- DISARTIC 4-BAR W/HYDRAULIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tayling or other health care practitioners; •Pertinent caluations from other health care practitioners; •Pertinent caluations (: eNehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5614	ADD LOW EXT EXOSKEL SYS AK- DISARTC 4-BAR PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tharts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5616	ADD LOW EXTRM ENDO AK UNIVERSAL MXPLX SYS FRICT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent tasynos or photographic information, as appropriate; *Pertinent thats, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5639	ADDITION LOWER EXTREMITY BELOW KNEE WOOD SOCKET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5643	ADD LW EXT HIP DISARTIC FLX INNR SOCKT EXT FRAME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5649	ADD LW EXT ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5651	ADD LW EXT ABVE KNEE FLXIBLE INNR SOCKT EXT FRME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5681	ADD LW EXT BK/AK CST INS CNG/ATYP TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5683	ADD LW EXTR BK/AK CST FAB NO CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing matching practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent disclores/generation evaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5700 REPLACEMENT SOCKET BELOW BK MOLDED PT MODEL	/ KNEE Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient chartceristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5701 REPL SOCKT ABOVE KNEE/KNE DISARTIC W/ATTCH PLAT	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 histor; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent charts, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information regarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5702 REPLCMT SOCKT HIP DISARTIC W/HIP JNT MOLD PT MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial histor; •Information and consultations with the treating practitioner; •Pertinent charta, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5703 ANKLE SYMES MOLD PT MODE SACH FOOT REPL ONLY	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; Pretrainent plan and progress notes; Pertinent psychosocial histor; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioner; Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5705 CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE AK	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; + Treatment 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.	Texas Medicaid Provider Procedures Manual		2/19/2025

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Prosthetics and Orthotics	7/1/2024	L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations from other health care practitioners; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5718	ADD EXOSKL KNEE-SHIN POLYCNTRC FRICT SWING CNTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent part and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5722	ADD EXOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5724	ADD EXOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; *Pertinent packnossic institons with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent extra, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5726	ADD EXOSKEL KNEE-SHIN EXT JOINT FL SWING CNTRL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charlas, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5728	ADD EXOSKEL KNEE-SHIN FLUID SWING AND STANCE CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history: •Pertinent paychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5780	ADD EXOSKL KNEE-SHIN PNEUMAT/HYDRA PNEUMAT CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent chalses or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5781	ADD LW LIMB PROS RESIDUL LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pala nad progress notes; •Pertinent pala nad consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5783	ADD LWR EXT USER ADJ MECH RES LIMB VOL MGMT SYS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic setting results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent outlations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5795	ADD EXOSKEL SYSTEM HIP DISARTIC ULTRA-LGHT MATL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent ganostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5814	ADD ENDOSKEL KNEE-SHIN HYDRAULIC SWING MECH LOCK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5816	ADD ENDOSKEL KNEE-SHIN MECH STANCE PHASE LOCK	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosoidal history; +Information and consultations with the treating practitioner; +Pertinent charactoristic from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5822	ADD ENDOSKEL KNEE-SHIN PNEUMAT SWING FRICT CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Preatment plan and progress notes; +Pertinent dignostic testing strating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extrats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5824	ADD ENDOSKEL KNEE-SHIN FLUID SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5826	ADD ENDO KNEE-SHIN HYDRAUL SWNG MIN HI ACTV FRME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5828	ADD ENDO KNEE-SHIN FL SWING AND STANCE PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5830	ADD ENDOSKEL KNEE-SHIN PNEUMAT/SWING PHASE CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5840	ADD ENDO KNEE-SHIN 4-BAR LINK/MX-AXIAL PNEUMAT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5841	ADD ENDOSKEL KNEE-SHIN SYS PNEU SW and ST PH CTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5845	ADD ENDOSKEL KNEE-SHIN STANCE FLX FEATUR ADJ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cincial earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gaponic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING AND STANCE PHSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	10/1/2020	L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent extra, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	10/1/2020	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent approximation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from othotographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	10/1/2020	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent thats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5930	ADD ENDOSKEL SYSTEM HIGH ACTV KNEE CONTROL FRAME	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5961	ADD ENDO SYS POLYCNTRC HIP JOINT ROTATION CNTRL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5964	ADD ENDOSKEL AK FLEXIBLE PROTVE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Preatment plan and progress notes; +Pertinent dignostic testing results, operative and/or pathological reports; +Information and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent exclusions from other health care practitioners and providers; +Pertinent exclusions from other health care practitioners and providers; +Pertinent exclusions; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5966	ADD ENDO HIP DISRTC FLXIBL PROTVE OUTR SURF COVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results on other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations from other health care practitioners; +Pertinent carls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5969	ADDITION ENDOSKELETAL ANKLE- FOOT/ANK PWR ASSIST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations (s) •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L5979	ALL LW EXTRM PRSTH MX-AXL ANK DYN RSPN FT 1 PECE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent extras, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent sychosocial history; +Information and congress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent testings replays or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5981	ALL LOWER EXTREM PROSTH FLEX- WALK SYSTEM/EQUAL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5988	ADD LW LIMB PROSTH VERTCL SHOCK RDUC PYLN FEATUR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extra, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6000	PARTIAL HAND THUMB REMAINING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6010	PARTIAL HAND LITTLE AND OR RING FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical examples of the set of t	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6020	PARTIAL HAND NO FINGER REMAINING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L6026	TRANSCARPAL MC PART HAND DISARTICULATION PROS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6050	WRST DISARTIC MOLD SOCKET FLEX ELB HNG TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent pan and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charac, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6055	WRST DISARTIC MOLD SOCKT W/XPNDABLE INTERFCE	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Presentent parts not and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6100	BELW ELB MOLD SOCKT FLXIBLE ELB HINGE TRICP PAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Chincial exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6110	BELOW ELBOW MOLDED SOCKET	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent caluations from other health care practitioners; =Pertinent caluations from other health care practitioners; =Pertinent caluations from evaluations; =Information negulations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6120	BELW ELB MOLD DBL WALL SCKT STEP-UP HNG 1/2 CUFF	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent synchosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6130	BELW ELB STUMP ACTVATD LOCK HINGE HALF CUFF	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent plan and progress notes; =Pertinent plan and consultations with the treating practitioner; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient charts, cleristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6200	ELB DISARTC MOLD SOCKT OUTSIDE	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Presentent parts not and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charls, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6205	ELB DISARTC MOLD SCKT W/XPND INTRFCE LOCK FORARM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; =Information and progress notes; =Pertinent evaluations from other health care practitioner; =Pertinent evaluations form other health care practitioners; =Pertinent tharts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information negarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6250	ABVE ELB MOLD DBL WALL SCKT INTRL LCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: =Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; =History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Pertinent evaluations from other health care practitioner; =Pertinent caluations from other health care practitioners; =Pertinent caluations from other health care practitioners; =Pertinent caluations from evaluations; =Information negulations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6300	SHLDR DISARTIC MOLD SOCKET INTRL LOCK ELB FORARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent tasts, graphs or photographic information, as appropriate; *Pertinent characteristics and leivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6310	SHOULDER DISARTIC PASSIVE REST COMPLETE PROSTH	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tarks, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6320	SHOULDER DISART PASSIVE REST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent result on evaluations; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6360	INTERSCAPULAR THOR PASSIVE REST CMPL PROSTH	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent generation and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent traits, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6370	INTERSCAPULAR THOR PASSIVE REST SHLDR CAP ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6400	BE MOLD SCKT ENDOSKEL SYS W/SFT PROSTH TISS SHAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6450	ELB DISRTC MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner, and providers; •Pertinent evaluations graph to thootgraphic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6500	ABVE ELB MOLD SCKT ENDOSKEL W/SFT PROSTH TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 resultions from other health care practitioners; •Pertinent nervine revaluations; •Pertinent nervine revaluations; •Pertinent chars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6550	SHLDR DISRTC MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6570	INTRSCAP THOR MOLD SCKT ENDOSKEL W/SFT PROS TISS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •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 totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6580	PREP WRST DISRTC/BELW ELB 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6582	PREP WRST DISRTC/BELW ELB 1 WALL SCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent exits, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6584	PREP ELB DISRTC/ABVE ELB 1 WALL PLSTC SOCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6586	PREP ELB DISRTC/ABVE ELB 1 WALL SOCKT DIR FORMED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent thats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6588	PREP SHLDR DISRTC THOR 1 WALL PLSTC SCKT MOLD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6590	PREP SHLDR DISRTC THOR 1 WALL SOCKET DIR FORM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6621	UP EXTREM PROS ADD FLEXION/EXTENSION WRIST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent 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.	Texas Medicaid Provider Procedures Manual		2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6624	UPPER EXTREMITY ADD FLX/EXT ROTATION WRIST UNIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6638	UP EXT ADD PROS ELEC LOCK ONLY W/MNL PWR ELB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent charts, graphs or photographic information, as appropriate; •Anabalitätion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6646	UP EXT ADD SHLDR JNT MX PSTN W/BDY/EXT PWR SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation reports photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6648	UP EXTREM ADD SHLDR LOCK MECI	H Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations row the treating practitioner; •Pertinent evaluations row to the reating nact providers; •Pertinent evaluations regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6693	UPPER EXTREM ADD LOCK ELB FORARM COUNTERBALANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent revaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6707	TERMINAL DEVICE HOOK MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6708	TERMINAL DEVICE HAND MECH VOLUNTARY OPENING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent that, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6709	TERMINAL DEVICE HAND MECH VOLUNTARY CLOSING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent packnossic instory; +Information and consultations with the treating practitioner; +Pertinent exaluations from other health care practitioners and providers; +Pertinent exatts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6712	TERM DVC HOOK MECH VOL CLOS ANY MATL ANY SZ PED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6713	TERM DVC HAND MECH VOL OPN ANY MATL ANY SIZE PED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Orinical exam; +Pertiment diagnostic testing results, operative and/or pathological reports; +Pertiment psychosocial history; =Pertiment psychosocial history; =Pertiment evaluations with the treating practitioner; =Pertiment thats, graphs or photographic information, as appropriate; =Pertiment characteristics and information. =Pertiment characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6715	TERM DEV MX ARTIC DIGIT W/MOTORS INIT ISSUE/REPL	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent synchosocial history; +Pertinent evaluations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6721	TERM DEVC HOOK/HND HVY-DUTY MECH VOL OPN ANY SZ	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6722	TERM DEVC HOOK/HAND HVY-DUTY MECH VOL CLOS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tasks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

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Prosthetics and Orthotics	7/1/2024	L6880	ELEC HAND SWTCH/MYOELEC CNTRL INDEP ARTC DIG MTR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent traits, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6900	HAND REST PART HAND W/GLOVE THUMB/1 FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6905	HAND REST PART HAND W/GLOVE MX FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent paychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations graph to lotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6910	HAND REST PART HAND W/GLOVE NO FNGR REMAIN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6920	WRST DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Orinical exam; +Pertiment diagnostic testing results, operative and/or pathological reports; +Pertiment psychosocial history; =Pertiment psychosocial history; =Pertiment evaluations with the treating practitioner; =Pertiment thats, graphs or photographic information, as appropriate; =Pertiment characteristics and information. =Pertiment characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6925	WRST DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6930	BELOW ELBOW OTTO BOCK/ Equal to SWITCH CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L6935	BELOW ELBOW OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVICE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment Jaha and progress notes; +Pertinent tand consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tanks, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6940	ELBOW DISARTIC OTTO BOCK/ Equa to SWITCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent genostic testing results, operative and/or pathological reports; =Pretinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent readuations from other health care practitioners and providers; =Pertinent readuations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6945	ELB DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Cinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent tealuations from other health care practitioners and providers; =Pertinent characts; graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6950	ABOVE ELBOW OTTO BOCK/ Equal to	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarks, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6955	ABOVE ELBOW OTTO BOCK/ Equal to	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6960	SHLDR DISARTIC OTTO BOCK/ Equal to SWTCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent paychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioner, and providers; +Pertinent evaluations (protographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L6965	SHOULDR DISARTIC OTTO BOCK/ Equal to MYOELEC CNTRL TERM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretiment psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6970	INTERSCAP-THOR OTTO BOCK/ Equa to SWTCH CNTRL TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Nistory of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L6975	INTERSCAP-THOR OTTO BOCK/ Equa to MYOELEC CNTRL TERM DVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torst, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7007	ELECTRIC HAND SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7008	ELECTRIC HAND SWITCH/MYOELECTRIC CNTRL PEDIATRIC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent paychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, and providers; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7009 ELECTRIC HOOK SWITCH/MYOELECTRIC CONTROL ADULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent blan and progress notes; •Pertinent pain and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitiones and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7040 PREHENSILE ACTUATOR SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitiones and providers; +Pertinent evaluations from other health care practitiones, and providers; +Pertinent overlation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7045 ELEC HOOK SWITCH/MYOELECTRI CONTOL PEDIATRIC	C Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7170 ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitiones and providers; +Pertinent evaluations from other health care practitiones, and providers; +Pertinent overlation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Prosthetics and Orthotics	7/1/2024	L7180 ELEC ELB MICROPRC SEQENTIAL CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment psychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners and providers; •Pertiment tarks, graphs or photographic information, as appropriate; •Pertiment evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	7/1/2024	L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB AND TERM DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nervine evaluations; •Pertinent nervine regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L7185	ELEC ELB ADOLES VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L7186	ELEC ELB CHILD VRITY VILLAGE/EQUAL SWITCH CNTRL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tarks, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L7190	ELEC ELB ADOLES VRITY VILLAGE/ Equal to MYOELEC CNTRL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	7/1/2024	L7191	ELEC ELB CHLD VRITY VILL/ Equal to MYOELECTRNICALY CNTRL	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; -Pertinent dignostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent dignostic testing instory; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, as appropriate; -Pertinent distributions; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Prosthetics and Orthotics	Prior to 9/1/2019	L7259	ELECTRONIC WRIST ROTATOR ANY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L8614	COCHLEAR DEVICE INCLUDES ALL INT AND EXT COMPONENTS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners; +Pertinent revaluations (s; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Prosthetics and Orthotics	Prior to 9/1/2019	\$1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gian and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent packnossic instrom; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent extrast, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annua Review
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81503 ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2
Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81599 UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2
Speech Therapy	Prior to 9/1/2019	92507 TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the traiting practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Pertinent net evaluations from other health care practitioners and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	İ.
Speech Therapy	Prior to 9/1/2019	92508 TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2 OR GRT INDIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicald Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	İ.
Speech Therapy	4/1/2020	92526 TX SWALLOWING DYSFUNCTION AND ORAL FUNCJ FEEDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent exaluations from other health care practitioners and providers; •Pertinent exaluations from other health care practitioner, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	t

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Speech Therapy	7/1/2023	92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earm; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent exhaustons from other health care practitioners and providers; +Pertinent exhaustons from other health care practitioners and providers; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	2/19/2025
Speech Therapy	7/1/2023	92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earny: +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent teads, or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Speech Therapy	Prior to 9/1/2019	59152	SPEECH THERAPY RE-EVALUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Participating Providers: Initial evaluation does not require prior authorization. All visits after that point require prior authorization. Non-participating Providers: All visits require prior authorization.	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0584T	PERCUTANEOUS ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0585T	LAPAROSCOPIC ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures, parts or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures		2/19/202

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annua Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0586T OPEN ISLET CELL TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Iclinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplant Procedures	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32552 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +ilistory of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Retrinent chards, graphs or photographic information, as appropriate; =Retrinent chards, graphs or photographic information, and =Information regarding the local delivery system; and =Patient characteristics and information.	Third Party Proprietary Criteria	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32850 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32851 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Reating the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32852 SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ikitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent chards; graphs or photographic information, as appropriate; •Pertinent chards; graphs or photographic information, as appropriate; •Patholization regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical seam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent psychosocial history; #Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; *Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Teratment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluation regarbs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Isitory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent paychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations rom other health care practitioners; •Pertinent orealizations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioner; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation with a Total Artificial Heart (TAH)	2/19/20;

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33930	DONOR CARDIECTOMY - PNEUMONECTOMY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent thats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information evaluations; -Information evaluations; -Information and Information.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information evaluations; •Information evaluations; •Information.	Molina Clinical Policy: Heart Transplantation; Lung Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33940	OBTAINING DONOR CADAVER HEART	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent gapona and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent revaluations from other health care practitioners; -Pertinent charls; graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33944	PREP OF DONOR HEART FOR TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent grychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation		2/19/20:

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent agnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2021	33995	INSJ PERQ VAD W/RS and I R HEART VENOUS ACCESS ONLY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent chaladisons from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLI ALGNC	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exats, graphs or photographic information, as appropriate; +Retinabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerou Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLI AUTOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent travializations with the treating practitioner; •Pertinent characts; graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerou Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	38225	CAR-T THERAPY HRVG BLD DRV T LYMPHCYT PR DAY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel); Breyanzi (lisocabtagene maraluecel); Carvykti (ciltacabtagene autoleucel); Kymriah (tisagenleucleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene clioleucel) (Car-T-cell)		2/19/2025

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	38226	CAR-T THERAPY PREP BLD DRV T LYMPHCYT F TRNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical easm; •Pertinent glagnostic testing results, operative and/or pathological reports; •Treatment glagnostic testing results, operative and/or pathological reports; •Pertinent synchosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations; •Information reading the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel); Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenleucleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene clioleucel) (Car-T-cell)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	38227	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMIN	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem - Clinical easm; - Pertinent diagnostic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Pertinent psychosocial history; - Information and consultations with the treating practitioner; - Pertinent chalations from other health care practitioners; - Pertinent chalations; - Information regarding the local delivery system; and + Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel); Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenleucleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene clioleucel) (Car-T-cell)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	38228	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem (-Clinical easm; +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent psychosocial history: Information and consultations with the treating practitioner; +Pertinent chalations from other health care practitioners; +Pertinent chalations from other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations for other health care practitioners; +Pertinent chalations; information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Abecma (idecabtagene vicleucel); Breyanzi (lisocabtagene maraluecel); Carvykti (clitacabtagene autoleucel); Kymriah (tisagenleucleucel); Tecartus (brexucabtagene autoleucel); Yescarta (axicabtagene clioleucel) (Car-T-cell)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; Pertinent syschosocial histor; Information and consultations with the treating practitioner; -Pertinent chalations from other health care practitioners; -Pertinent chalations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policies: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerou: Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38240	TRNSPLI ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent synchosocial history: +Information and consultations with the treating practitioner; +Pertinent chalations from other health care practitioners; +Pertinent chalations from other health care practitioners and providers; +Pertinent chalations for other health care practitioners and providers; +Pertinent chalations for other health care practitioners and providers; +Pertinent chalations for other health care practitioners and providers; +Pertinent chalations for other health care practitioners and providers; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	a.	2/19/202

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38241	TRNSPLI AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent exats, graphs or photographic information, as appropriate; *Retabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors; Stem Cell Therapy for Orthopedic Applications	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; eInformation and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tradingt on other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Donor Lymphocyte Infusion; Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38243	TRNSPLI HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent plan and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tharts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation, and Multivisceral Transplantation	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; *Information negarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation, and Multivisceral Transplantation	2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalsultations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44721	BKBENCH RCNSTJ INT ALGRFT ARTL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors, protographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47133	DONOR HEPATECTOMY CADAVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL WHL DON ANY AGE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations form other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47140	DONOR HEPATECTOMY LIVING DONOR SEG II AND III	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chalsduosins from other health care practitioners and providers; *Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation		2/19/202

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47141	DONOR HEPATECTOMY LIVING DONOR SEG II III AND IV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII AND VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47143	BKBENCH PREP CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent synchrosotal history; enformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Iistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent testilations for motor patholographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations; •Pertinent evaluations; •Pertinent evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Liver Transplantation Adult Pediatric and/or Small Bowel multivisceral Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48160	PANCREATECTOMY W TRNSPLJ PANCREAS ISLET CELLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent genostic testing resoluts, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent revaluations regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures; Small Bowel Multivisceral Transplantation		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gaychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48554	TRANSPLANTATION PANCREATIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostit testing results, operative and/or pathological reports; •Ireatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluation soft more than the care practitioner and propriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous) Small Bowel Multivisceral Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48556	RMVL TRANSPLANTED PANCREATI ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to:	Molina Clinical Policy: Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50300	DONOR NEPHRECTOMY CADAVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent orealistion evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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 or photographic information, as appropriate; •Rethinent charts, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/202

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertinent diagnostic testing results, operative and/or pathological reports; - Pretriment paychosocial history; + Pertinent psychosocial history; + Information and consultations with the reating practitioner; + Pertinent charls, graphs or photographic information, as appropriate; + Rehabilitation evaluations; Information regarding the local delivery system; and + Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerding evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nertine reduction evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures Pancreatic Islet Cell Transplantation (Autologous)		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the traing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50329	BKBENCH RCNSTJ ALGRFT URETERA ANAST EA	L Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/19/202

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gian and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Platient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50360	RENAL ALTRNSPLJ IMPLTJ GRF W O RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50365	RENAL ALTRNSPLJ IMPLTJ GRF W RCP NEPHRECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Pertinent evaluations mother health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations mother health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nevaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50370	RMVLTRNSPLED RENAL ALLOGRAF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent results or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation Pancreas Transplantation Procedures		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50380	RENAL AUTOTRNSPLI REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent exolusions with the treating practitioner; =Pertinent exolusions from other health care practitioner; =Pertinent exolusions from other health care practitioner; =Pertinent exolusions; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: Kidney Transplantation		2/19/20

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2023	J1304 INJECTION, TOFERSEN, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; einformation and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/203
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	11/1/2023	J1411 INJ ETRANACOGENE DEZAPARVOVEC-DRLB PER THR DOSE (HEMGENIX)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent or pathor on photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1412 INJ VALOCTOCOGENE ROXAPARVOVEC (ROCTAVIAN)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment orealpathic negarity information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J1413 INJ DELANDISTROGENE MOXEPARVOVEC-ROKL PER THR DOSE (ELEVIDYS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	J1414 FIDANACOGENE ELAPARVOVEC- DZKT (BEQVEZ)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment plan and progress notes; •Pertiment evaluations from other health care practitioner; •Information and consultations with the treating practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment or plants or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Beqvez (fidanacogene elaparvovec)	Limited to once per lifetime	2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2025	J3392	EXAGAMGLOGENE AUTOTEMCEL (CASGEVY)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Inicial exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; +Pertinent psychosocial history: •Information and consultations with the reating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	J3393	BETIBEGLOGENE AUTOTEMCEL (ZYNTEGLO)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent overlautions; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2024	J3394	LOVOTIBEGLOGENE AUTOTEMCEL (LYFGENIA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •Ilistory of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations; •Information regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	2/1/2023	13399	INJECTION, ONASEMNOGENE ABEPARVOVEC, PER TX, UP TO 5x10·15 VECTOR GENOMES (ZOLGENSMA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent oralits, graphs or photographic information, as appropriate; •Aehabilitation evaluations; information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J3401	INJECTION, BEREMAGENE GEPERPAVEC-SVDT (VYJUVEK)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent orealuations; •Rehabilitation regarding the local delivery system; and •Pattent characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2024	J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE (ADSTILADRIN)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent gran and progress notes; -Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Limited to once per lifetime	2/19/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAP POS T CE P TD (YESCARTA)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Hinformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/20:
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2042	TISAGENLECLEUCEL TO 600 M CAR- POS VI T CE PER TD (KYMRIAH)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tevaluations from other health care practitioners and providers; +Pertinent realuations from other health care practitioners and providers; +Pertinent realvalisms; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2043	SIPULEUCEL-T AUTO CD54 PLUS (PROVENGE)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent treatures pais or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Provenge (Sipuleucel-T)		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2021	Q2053	BREXUCABTAGENE CAR POST (TECARTUS)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +Pertinent exclusations from other health care practitioners and providers; +Pertinent exclusations from other health care practitioners and providers; +Refnabilitation evaluations; +Information evaluations; +Information evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2022	Q2054	LM GT OR EQUAL TO 110 MIL AUTO: ANTI-CD19 CAR-POS VIABL T (BREYANZI)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment gap:chosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations (s); +Pertinent nevaluations; +Pertinent nevaluations; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2029
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2023	Q2056	CILTACABTAGENE AUTOLEUCEL TO 100 M BCMA PER TX D (CARVYKTI)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretinent generation and progress notes; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations from other health care practitioners and providers; =Pertinent revaluations (s) =Pertinent cards; graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual		2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2025	Q2057	AFAMITRESGENE AUTOLEUCEL (TECELRA)	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rethabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	One-time treatment	
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2053	TRANSPLANTATION SMALL INTESTINE AND LIVER ALLOGRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent part and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/19/202
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners and providers; •Pertinent realuations (s) •Pertinent realuations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/19/202

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized	Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Small Bowel Multivisceral Transplantation		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2060	LOBAR LUNG TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent valuations from other health care practitioners and providers; •Pertinent taylasions from other health care practitioners and providers; •Pertinent caluations from other health care practitioners and providers; •Pertinent caluations (: eRehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent cards, spans or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent characteristics and information, as appropriate; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures		2/19/20
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertiment diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and progress notes; *Treatment plan and consultations with the treating practitioner; *Pertiment evaluations from other health care practitioners; and providers; *Pertiment trans, graphs or photographic information, as appropriate; *Rethabilitation evaluations; *Information evaluations; *Information evaluations; *Information evaluations; *Information evaluations; *Information characteristics and information.	Third Party Proprietary Criteria		2/19/20

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the treating practitioner; •Pertinent psychosocial history: •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	52142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; Information and consultations with the reating practitioner; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	\$2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Pretinent patignostic testing results, operative and/or pathological reports; +Pretinent path and progress notes; +Pertinent parkinson and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent exatts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Hematologic Cancers; Hematopoietic Stem Cell Transplantation for Hematologic Disorders; Hematopoietic Stem Cell Transplantation for Non-Cancerous Diseases; Hematopoietic Stem Cell Transplantation for Solid Tumors	2/19/2025
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Heart Transplantation; Kidney Transplantation; Liver Transplantation; Lung Transplantation; Pancreas Transplantation Procedures; Pancreatic Islet Cell Allotransplantation; Small Bowel Multivisceral Transplantation	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. mergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent realuations (s) Hoformation regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand progress notes; •Pertinent psychosocial history: Information and consultations with the treating practitioner; •Pertinent chards, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0420	AMBULANCE WAITING TIME ONE- HALF HOUR INCREMENTS	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem <clinical earn;<br="">*Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Information and consultations with the treating practitioner; *Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and *Patient characteristics and information.</clinical>	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0422	AMB OXYGEN AND O2 SUPPLIES LIFE SUSTAINING SITUATION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent chalsions from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paychosocial history: =Pertinent evaluations from other health care practitioner; =Pertinent evaluations from other health care practitioners; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0425	GROUND MILEAGE PER STATUTE MILE	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history: *Information and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioner; *Pertinent charls, graphs or photographic information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent chalutions from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0427	MB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalations from other health care practitioners; •Pertinent chalations from other health care practitioners; •Pertinent chalations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent paychoscolal history; •Information and progress notes; •Pertinent evaluations with the treating practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history: •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation	Prior to 9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem	Prior Authorization is not required for emergency	2/19/2025
services. Accessory codes not listed require approval of base BLS/ALS transport for claims				- Nixing of the presenting provent - Clinical exam; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent diagnostic testing results.	transport when submitted with Emergency Transport (ET)	
payment. hergency transport does not require prior authorization when submitted with ET				Preatment plan and progress notes; Pertinent psychosoial history;	modifier.	
modifier.				 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 	Prior Authorization is required	
				Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations:	for non-emergency transport and requests submitted without the	
				Information regarding the local delivery system; and Patient characteristics and information.	ET modifier.	
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation	4/10/2023	A0433	ADVANCED LIFE SUPPORT LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: Texas Medicaid Provider Procedures Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Prior Authorization is not required for emergency	2/19/202
services.	codes not listed require approval of base BLS/ALS transport for claims payment.			History of the presenting problem Clinical exam;	transport when submitted with	
				Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	Emergency Transport (ET) modifier.	
ergency transport does not require prior authorization when submitted with ET				Pertinent psychosocial history; Information and consultations with the treating practitioner;		
modifier.				Pertinent evaluations from other health care practitioners and providers;	Prior Authorization is required for non-emergency transport and	
				Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	requests submitted without the	
				Information regarding the local delivery system; and Patient characteristics and information.	ET modifier.	
Transportation Services:	4/10/2023	A0434	SPECIALTY CARE TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: Texas Medicaid Provider Procedures Manual	Prior Authorization is not	2/19/202
Prior Authorization is required for Non-Emergent Ambulance transportation	.,,			-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem	required for emergency	_,,
services. ccessory codes not listed require approval of base BLS/ALS transport for claims				Clinical exam;	transport when submitted with Emergency Transport (ET)	
payment.				Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;	modifier.	
nergency transport does not require prior authorization when submitted with ET modifier.				Pertinent psychosoial history; Information and consultations with the treating practitioner;	Deine Authorization is acquired	
moaner.				Pertinent evaluations from other health care practitioners and providers;	Prior Authorization is required for non-emergency transport and	
				Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;	requests submitted without the	
				Information regarding the local delivery system; and Patient characteristics and information.	ET modifier.	
Transportation Services:	4/10/2023	A0435	FIXED WING AIR MILEAGE PER	Information generally required to support authorization decision making includes, but not limited to: Texas Medicaid Provider Procedures Manual	Prior Authorization is not	2/19/2025
Prior Authorization is required for Non-Emergent Ambulance transportation			STATUTE MILE	•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem	required for emergency	
services. ccessory codes not listed require approval of base BLS/ALS transport for claims				•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	transport when submitted with Emergency Transport (ET)	
payment.				•Treatment plan and progress notes; •Pertinent psychosocial history;	modifier.	
ergency transport does not require prior authorization when submitted with ET modifier.				Information and consultations with the treating practitioner;	Prior Authorization is required	
				Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;	for non-emergency transport and	
				Rehabilitation evaluations; Information regarding the local delivery system; and	requests submitted without the ET modifier.	
				Patient characteristics and information.	Er mounter.	
Transportation Services:	4/10/2023	A0436	ROTARY WING AIR MILEAGE PER	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	Prior Authorization is not	2/19/202
Prior Authorization is required for Non-Emergent Ambulance transportation services.			STATUTE MILE	History of the presenting problem	required for emergency transport when submitted with	
ccessory codes not listed require approval of base BLS/ALS transport for claims				•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;	Emergency Transport (ET)	
payment.				•Treatment plan and progress notes; •Pertinent psychosocial history;	modifier.	
nergency transport does not require prior authorization when submitted with ET modifier.				 Information and consultations with the treating practitioner; 	Prior Authorization is required	
				Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;	for non-emergency transport and	
				Rehabilitation evaluations; Information regarding the local delivery system; and	requests submitted without the ET modifier.	
				-Information regioning the local curver system, and Patient characteristics and information.		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	4/10/2023	G2022	MDL PRTCP BENEFICIARY REFUSES SRVC COVR UND MDL	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent payschoscial history; • Pretrainent payschoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent psychoscial history; • Pertinent chards, graphs or photographic information, as appropriate; • Rehabilitation evaluations; • Information evaluati	Texas Medicaid Provider Procedures Manual	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	\$9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent gran and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. mergency transport does not require prior authorization when submitted with ET modifier.	Prior to 9/1/2019	S9961	AMB SERVICE AIR NONEMERGENCY 1 WAY ROTARY WING	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Pertinent psychosocial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from othorgraphic information, as appropriate; +Rehabilitation egarding the local delivery system; and +Patient characteristics and information.	Third Party Proprietary Criteria		2/19/2025
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. mergency transport does not require prior authorization when submitted with ET modifier.	1/1/2022	T2002	NON EMERGENCY TRANSPORTATION; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent evaluations from other health care practitioners and providers; • Pertinent examps or photographic information, as appropriate; • Rehabilitation evaluations; • Information negarding the local delivery system; and • Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit	2/19/2025
Unlisted/Miscellaneous codes: Volina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0708T	INTRADERMAL CANCER IMMNTX PREP and 1ST INJECTION	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Cinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent genostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revoluations from other health care practitioners; +Pertinent tevaluations mother path information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0709T	INTRADERMAL CANCER IMMNTX EACH ADDL INJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	17999	UNLISTED PX SKIN MUC MEMBRANI AND SUBQ TISSUE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Information regarding the local delivery system; and +Patient characteristics and Information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretiment psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent tracts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22899 UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earm; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exhalizations from other health care practitioners; =Pertinent exhalizations from other health care practitioners; =Pertinent exhats, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22999 UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Sclinical examples of the presenting problem +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent thevaluations from other health care practitioners; +Pertinent chards, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	23929 UNLISTED PROCEDURE SHOULDER	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	26989 UNLISTED PROCEDURE HANDS FINGERS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	27299 UNLISTED PROCEDURE PELVIS HIP JOINT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent payschosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent thats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	29999	UNLISTED PROCEDURE ARTHROSCOPY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with the reating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from blographic information, as appropriate; =Rebabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	30999	UNLISTED PROCEDURE NOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	37799	UNLISTED PROCEDURE VASCULAR SURGERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent exaluations from other health care practitioners and providers; =Pertinent thats, graphs or photographic information, as appropriate; =Rehabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nergarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39499	UNLISTED PROCEDURE MEDIASTINUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nerds, spaps or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information,	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	40799	UNLISTED PROCEDURE LIPS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent tharts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paychosocial history; -Pertinent paychosocial history; -Pertinent paychosocial history; -Pertinent thats, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42299	UNLISTED PROCEDURE PALATE	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Treatment plan and progress notes; *Pertinent psychosocial history; Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent revaluations for other health care practitioners and providers; *Pertinent nervalues of the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43499	UNLISTED PROCEDURE ESOPHAGUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent resultion regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torist, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	43999	UNLISTED PROCEDURE STOMACH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	45399 UNLISTED PROCEDURE COLON	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; • History of the presenting problem • Clinical exam; • Pertinent diagnostic testing results, operative and/or pathological reports; • Treatment plan and progress notes; • Pertinent psychosocial history; • Information and consultations with the treating practitioner; • Pertinent charls, graphs or photographic information, as appropriate; • Rehabilitation regarding the local delivery system; and • Information regarding the local delivery system; and • Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47579 UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent nergarks or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47999 UNLISTED PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49999 UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Olinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charls, graphs or pholographic information, as appropriate; •Rehabilitation evaluations: •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	54699 UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent torsts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55559	UNLISTED LAPROSCOPY PROCEDU SPERMATIC CORD	RE Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment 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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertiment sychosocial history; •Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment valuations from other health care practitioners; •Pertiment totarts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent glangostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertiment diagnostic testing results, operative and/or pathological reports; •Pertiment plan and progress notes; •Pertiment psychosocial history; Information and consultations with the treating practitioner; •Pertiment evaluations from other health care practitioners; •Pertiment evaluations from other health care practitioners; •Pertiment charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent twaluations from other health care practitioners; •Pertinent twaluations from other health care practitioners; •Pertinent orgaphs or photographic information, as appropriate; •Rehabilitation reguarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Cinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent gan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s); +Pertinent revaluations (s); +Pertinent revaluations (s); +Pertinent chards; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria. Molina Clinical Policy: Radiofrequency Ablation (RFA) for Chronic Back Pain Associated with the Facet Joint	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent generative substances; *Pertinent psychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent testing replays or photographic information, as appropriate; *Rehabilitation evaluations; Information negarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rechabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87797 IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chals.or soft on ther health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87798 IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; =Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent taxls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; =Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and per day.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87799 IADNA NOS QUANTIFICATION EACH ORGANISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	87899 IAADIADOO NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent plan and progress notes; *Pertinent plan and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertinent characteristics and providers; a paper providers; *Pertinent characteristics and information, as appropriate; *Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88299 UNLISTED CYTOGENETIC STUDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent para and consultations with the treating practitioner; •Information and consultations with the treating practitioner; •Pertinent thats, graphs or photographic information, as appropriate; *Pertinent chards, graphs or photographic information, as appropriate; •Information regarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements		Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment pan and progress notes; •Pertinent psychosocial history; •Information and consultations with the realing practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent totars, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations (s) Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	95999	UNLIS NEUROLOGICAL NEUROMUSCULAR DX PX	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tarts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2023	97039	UNLIST MODALITY SPEC TYPE AND TIME CONSTANT ATTEND	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent part and progress notes; +Pertinent part and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent transf, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and Prior auth required after initial determine criteria. evaluation	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized		Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2023	97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; =Pertinent diagnostic testing results, operative and/or pathological reports; =Treatment plan and progress notes; =Pertinent psychosocial history; =Information and consultations with ther health care practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent evaluations into other health care practitioner; •Information and consultations, with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners; •Pertinent evaluations from other health care practitioners; •Pertinent nergarshs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99600	UNLISTED HOME VISIT SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretrinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A0999	UNLISTED AMBULANCE SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent dignostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	Prior Authorization is not required for emergency transport when submitted with Emergency Transport (ET) modifier. Prior Authorization is required for non-emergency transport and requests submitted without the ET modifier.	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A4421 OSTOMY SUPPLY; MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent gan and progress notes; •Pertinent psychosocial history; •Pertinent psychosocial history; •Pertinent evaluations from other health care practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A6262 WOUND FILLER DRY FORM PER G NOT OTHERWISE SPEC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent genometry and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations relation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	7/1/2022	A9291 PRESCRIPTION DIGITAL BT FDA CLEARED PER CRS TX	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent plan and progress notes; -Pertinent paychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent tarks, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9699 RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent trans, graphs or photographic information, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Volina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	A9900 DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent traductions from other health care practitioners; •Pertinent traductions from other health care practitioners; •Pertinent charls, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the relating practitioner; -Pertinent totarts, graphs or photographic information, as appropriate; -Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	B9998	NOC FOR ENTERAL SUPPLIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent realuations from other health care practitioners appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0769	ESTIM ELECTROMAGNETIC WOUND TREATMENT DEVC NOC	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent plan and progress notes; -Pertinent part and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent charts, graphs or photographic information, as appropriate; -Rechabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSO GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pretinent plan and progress notes; -Pertinent pak nad 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 resultions of the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2025	G2082	OFF/OTH OP E and M EST PT PROV 56 MG ESKETAMINE N SA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the relating practitioner; •Pertinent totats; graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2025	G2083	OFF/OTH OP E and M EST PT PROV GT 56 MG ESKETAMINE N SA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J3490	UNCLASSIFIED DRUGS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioner and providers; •Pertinent evaluations from other health care practitioner and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	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; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent psychosocial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioners and providers; -Pertinent evaluations from other health care practitioner, as appropriate; -Rehabilitation evaluations; -Information regarding the local delivery system; and -Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7699 NOC DRUGS INHALATION SOLUTIO ADMINED THRU DME	 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 Include arem; Pertinent diagnostic testing results, operative and/or pathological reports; Prestment plan and progress notes; Pertinent paylations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations from other health care practitioner; Pertinent evaluations from other health care practitioner, appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information. 	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7799 NOC RX OTH THAN INHALATION RY ADMINED THRU DME	(Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations rom other health care practitioners and providers; •Pertinent evaluation seques of hotographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J7999 COMPOUNDED DRUG NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues (Decision as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria. Bevacizumab when billed for intraocular injection does not require a PA	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	J8597 ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues (evaluations); •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0812 POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent negative revealues (Decision as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pertinent psychosocial history; =Pertinent psychosocial history; =Information and consultations with the treating practitioner; =Pertinent charts, graphs or photographic information, as appropriate; =Rehabilitation regarding the local delivery system; and =Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	K0899	PWR MOBILTY DVC NOT CODED DME PDAC NOT MEET CRIT	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical earns; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pretinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent treats, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Hoformation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L0999	ADD TO SPINAL ORTHOTIC NOT OTHERWISE SPECFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Listory of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent tharts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent paychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent sychosocial history; +Information and consultations with the treating practitioner; •Pertinent chalacions from other health care practitioners and providers; •Pertinent chards, graphs or photographic information, as appropriate; *Rehabilitation regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L5999	LOWER EXTREMITY PROSTHESIS NOS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical earns +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and progress notes; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent charls, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information negarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L7499	UPPER EXTREMITY PROSTHESIS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information negarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; *History of the presenting problem *Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychosocial history; *Pertinent psychosocial history; *Pertinent evaluations from other health care practitioner; *Pertinent thats, graphs or photographic information, as appropriate; *Pertinent characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent plan and progress notes; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characts; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Texas Medicaid Provider Procedures Manual	2/19/2025

Service Category Notes	Effective Date	Code	Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent general content of the setting results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8701	PWR UE ROM AST DVC ELB WR HAND 1 DBL UP CUS FAB	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem =Clinical earn; =Pertinent diagnostic testing results, operative and/or pathological reports; =Pretiment general history; =Information and consultations with the treating practitioner; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent evaluations from other health care practitioners and providers; =Pertinent readulations from other health care practitioners and providers; =Pertinent charts, graphs or photographic information, as appropriate; =Nethabilitation evaluations; =Information regarding the local delivery system; and =Patient characteristics and information.	Molina Clinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1 DBL UP CUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent psychosocial history; •Information and consultations with the treating practitioner; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations from other health care practitioners and providers; +Pertinent revaluations; +Pertinent revaluations; +Pertinent revaluations; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Molina Clinical Policy: MyoPro Orthosis / Myelectric Upper Extremity Orthosis	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q0508	MISC SUPPLY OR ACCESSORY USE WITH IMPLANTED VAD	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pretinent generation and progress notes; *Pertinent psychosocial history; +Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent tevaluations from other health care practitioners and providers; *Pertinent charts, graphs or photographic information, as appropriate; *Rehabilitation evaluations; Information negarding the local delivery system; and *Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	4/1/2023	Q3014	TELEHEALTH ORIGINATING SITE FAC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

Service Category Notes	Effective Date	Code Definition	Documentation Requirements	Criteria Utilized Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4082 DRUG OR BIOLOGICAL NOC PART B DRUG CAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	Q4100 SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent torists, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	S0590 INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent pain and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent thats, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	S9432 MEDICAL FOODS FOR NONINBORN ERRORS OF METABOLISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent revaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	T1999 MISC TX ITEMS AND SPL RETAIL PURCHASE NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pretinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent tevaluations from other health care practitioners and providers; •Pertinent nervalues on other health care practitioners; •Pertinent nervalues on other health care practitioners; •Pertinent nervalues on other health care practitioners; •Pertinent nervalues and orgen and providers; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors for anther health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical earn; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent grand progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent chalactors, from other health care practitioners; •Pertinent chalactors, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	T5999	SUPPLY NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Pertinent psychosocial history; •Information and progress notes; •Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners; •Pertinent thats, graphs or photographic information, as appropriate; *Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	V2524	CONTACT LENS HPI SPH PC ADDITIVE PER LENS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pretinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosocial history; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent characteristics and hologies a supporting; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V2799	VISION ITEM OR SERVICE MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent characts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	V5299	HEARING SERVICE MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem +Clinical exam; +Pertinent dignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent dignostic testing structures and/or pathological reports; +Information and consultations with the treating practitioner; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations or photographic information, as appropriate; +Rehabilitation evaluations; +Information regarding the local delivery system; and +Patient characteristics and information.	Additional information is required to define this code and determine criteria.	2/19/2025