Medicaid Behavioral Health and Medical Prior Authorization (PA) Code Matrix
October 1, 2022

To search this document, type in the keyword or code you are looking for by pressing press Ctrl F on your keyboard.
Please contact Molina at 1-855-322-4080 if you need more information about the Third-Party Proprietary Criteria referenced in this document or if information is needed in an alternate language.
Information that indicates certain items or services do not require authorization in this Prior Authorization (PA) Code Matrix document is only applicable for Participating Providers.
FOR ANY PA CHANGES DUE TO REGULATORY GUIDANCE RELATED TO COVID 19 – PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PROVIDER PORTAL.
Most Non-Participating Providers with the exception of some facility based professional services, receipt of ALL services or items from a non-contracted provider in all places of service require approval.
Prior authorization exceptions for Non-Participating Offices/Providers/Facilities:
• Hospital Emergency Department Services;
• Evaluation and Management services associated with inpatient, ER visits and observation stays;
• Local Health Department (LHD) services
• Other services based on State requirements
• Radiologist, Anesthesiologist, and Pathologist professional services when billed in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children)

All In-Patient admits and services require Prior Authorization, including: Acute Hospital, Neonatal Intesive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation, and Long-Term Acute Care (LTAC) Facilities.
The codes below are for Out-Patient services only.
Some services listed may not be covered by Medicaid. CMS or your local State Regulatory Agency determines many of the plan benefits. The absence of a code from this list does not mean that a service is a covered benefit. Refer to the Texas Medicaid Fee Schedule and Texas Medicaid Provider Procedures Manual for the most up to date plan benefit information.
Prior authorizations are not required for the following:
• Emergency Services for Participating or Non-Participating Providers.
• Office visits at Participating Providers.
• Referrals to Participating Network Specialists.

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of the service, correct coding, billing practices and whether the service was provided in the most appropriate and cost-effective setting of care.
All services outside of the regulatory limit are subject to review.
For additional information please contact Molina Healthcare 1-855-322-4080.
Molina covers limited gene therapy services in accordance with our medical policies, subject to Prior Authorization.

Healthcare Services Screening Criteria Link

Prior Authorization Code Matrix For Outpatient Drug Services

Texas Medicaid Provider Procedure Manual

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

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

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

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Medicaid(Star) member age 0-6 y/o, include DMO provider determination letter with PA. Otherwise, PA is waived for all radiology, anesthesiology, and pathology services when billed in POS 19, 21, 22, 23 or 24	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	0702T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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	0703T	Remote therapeutic monitoring of a standardized online digital cognitive behavioral therapy program ordered by a physician or other qualified health care professional; management services by physician or other qualified health care professional, per calendar 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	0901	BEHAVIORAL HEALTH TREATMENT/SVCS - Electroshock Treatment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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).	Prior to 9/1/2019	1001	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Psychiatric	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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	1002	BEHAVIORAL HEALTH TREATMENT/SVCS - Accommodations; Residential; Chem Dep	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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	2106	BEHAVIORAL HEALTH TREATMENT/SVCS - Alternative Therapy Services; Hypnosis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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).	4/1/2020	0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	90867	REPET TMS TX INITIAL W MAP MOTR THRESHLD DEL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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).	Prior to 9/1/2019	90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90869	REPET TMS TX SUBSEQ MOTR THRESHLD W DELIV AND MNG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	90870	ELECTROCONVULSIVE THERAPY (ECT)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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	90901	BIOFEEDBACK TRAINING ANY MODALITY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 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.	8/31/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 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.	8/31/2022

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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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639 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.	8/31/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS QHP EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2022	99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0008	ALCOHOL AND OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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).	4/1/2021	H0009	ALCOHOL AND OR DRUG SERVICES; ACUTE DTOX HOSP IP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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	H0012	ALCOHOL AND DRUG SRVC; SUB-ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	4/1/2021	H0013	ALCOHOL AND DRUG SERVICES; ACUTE DTOX RES PROG OP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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).	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 plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	Programs with 17 or more beds: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem, per patient	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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).	4/1/2021	H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM and BOARD-DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	H0035	MENTAL HEALTH PARTIAL HOSP TX UNDER 24 HOURS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	H0040	ASSERT COMM TX PROG - PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	1/1/2021	H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Behavioral/Mental Health, Alcohol-Chemical Dependency: Inpatient, Residential Treatment, Partial Hospitalization, Electroconvulsive Therapy (ECT), Applied Behavior Analysis (ABA) for tx of Autism Spectrum Disorder (ASD).	Prior to 9/1/2019	H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	S0201	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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	S5150	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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	S5111	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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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	S9480	INTENSIVE OP PSYCHIATRY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MENTAL AND PSYCHOSOCIAL IMPAIRMENTS, PER 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •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	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL, PHYSICAL, MEDICAL AND PSYCHOSOCIAL IMPAIRMENTS, PER HOUR	Information generally required to support authorization decision making includes, but not limited to: • Any documentation outlined in the Texas Medicaid Provider Procedure Manual •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •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	Prescribed Pediatric Extended Care Center (PPECC) Benefit. Please fax to 866-420-3639.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Resilience and Recovery Utilization Management Guidelines		2/23/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	11920	TATTOOING INCL MICROPIGMENTATION 6.0 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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 evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15782	DERMABRASION REGIONAL OTHER THAN FACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15789	CHEMICAL PEEL FACIAL DERMAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15822	BLEPHAROPLASTY UPPER EYELID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022
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 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15825	RHYTIDECTOMY NECK W PLATYSMAL TIGHTENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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.	2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15829	RHYTIDECTOMY SMAS FLAP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15833	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15836	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE ARM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15838	EXC EXCSV SKIN AND SUBQ TISSUE SUBMENTAL FAT PAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15839	EXCISION EXCESSIVE SKIN AND SUBQ TISSUE OTHER AREA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	15876	SUCTION ASSISTED LIPECTOMY HEAD AND NECK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19300	MASTECTOMY GYNECOMASTIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
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 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, except with breast cancer diagnoses	2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prior authorization required, except with breast cancer diagnoses	

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19325	MAMMAPLASTY AUGMENTATION W PROSTHETIC IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	Prior authorization required, except with breast cancer diagnoses	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19328	REMOVAL INTACT MAMMARY IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Breast Implant Removal	Prior authorization required, except with breast cancer diagnoses	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19330	REMOVAL MAMMARY IMPLANT MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022

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Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	19350	NIPPLE AREOLA RECONSTRUCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
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 evaluations from other health care 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, except with breast cancer diagnoses	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30410	RHINP PRIM COMPLETE XTRNL PARTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30420	RHINOPLASTY PRIMARY W MAJOR SEPTAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30430	RHINOPLASTY SECONDARY MINOR REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Cosmetic, Plastic & Reconstructive Procedures	Prior to 9/1/2019	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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 progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Blepharoplasty	Prior Authorization required in any setting.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Durable Medical Equipment (DME)	1/1/2022	0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	1/1/2022	0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022	0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	1/1/2022	98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	1/1/2022	98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	1/1/2022	98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	A4554	DISPOSABLE UNDERPADS ALL SIZES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U EQ 1D	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4102	ENTRAL FORMULA ADLT REPL FLS AND LYTES 500 ML EQ 1 U	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4103	ENTRAL FORMULA PED REPL FLS AND LYTES 500 ML EQ 1 U	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4104	ADDITIVE FOR ENTERAL FORMULA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W NUTRIENTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4150	ENTRAL F NUTRITIONALLY CMPL W INTACT NUTRIENTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4155	ENTRAL F NUTRITIONALLY INCMPL MODULAR NUTRIENTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4158	ENTRAL F PED NUTRITION CMPL W INTACT NUTRNTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutritionon		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4161	ENTRAL F PED HYDROLYZED AA AND PEPTIDE CHAIN PROTS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Oral and Tube Fed Enteral Nutrition		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4164	PARNTRAL NUTRITION SOL; CARBS 50PCT LESS - HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4168	PARNTRAL NUTRITION SOL; AMINO ACID 3.5PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4172	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4176	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5PCT -HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4178	PARNTRAL NUTRIT SOL; AMINO ACID OVER 85PCT - HOM MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4180	PARNTRAL NUTRITION SOL; CARBS OVER 50PCT - HOME MIX	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4185	PARENTERAL NUTRITION SOL PER 10 GRAMS LIPIDS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	B4187	Omegaven, 10 g lipids	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	In any setting (Add on for TPN)	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4189	PARNTRAL NUT SOL; AMINO ACID AND CARB 10-51 GMS PROT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4193	PARNTRAL NUT SOL; AMINO ACID AND CARB 52-73 GMS PROT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4197	PARNTRAL NUT SOL; AMINO ACID AND CARB 74-100 GM PROT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B4199	PARNTRAL NUT SOL; AMINO ACID AND CARB OVER 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	B4216	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B5100	PARENTERAL NUT SOL AMINO ACID AND CARBOHYDRATES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B5200	PARNTRAL NUT SOL AMINO ACID AND CARB STRSS-BR CHAIN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	B9000	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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9002	ENTERAL NUTRITION INFUSION PUMP 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	B9006	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9998	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	B9999	NOC FOR PARENTERAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	4/1/2020	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	C1839	Iris prosthesis	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

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Durable Medical Equipment (DME)	9/1/2019	C2624	IMPL WIRELESS PULM ARTERY PRESS SENSOR DEL CATH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0194	AIR FLUIDIZED BED	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0256	HOS BED VARIBL HT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0293	HOS BED VARIBL HT HI-LO W O SIDE RAIL NO MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0297	HOSP BED TOTAL ELEC W O SIDE RAILS W O MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0302	HOS BED XTRA HEVY DUTY WT CAP OVER 600 PDS W O MTTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0303	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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0304	HOS BED EXTRA HEAVY DUTY WT CAP OVER 600 PDS MATTRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN AND WDTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM AND REL ACSSORIES	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	10/1/2020	E0650	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	10/1/2020	E0651	PNEUMAT COMPRS SEG HOM MDL NO CALBRTD GRDNT PRSS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	10/1/2020	E0667	SEG PNEUMAT APPLINC W PNEUMAT COMPRS FULL LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	10/1/2020	E0670	SEG PNEU APPLINC PNEU COMPRS IN 2 FULL LEGS TRNK	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

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Durable Medical Equipment (DME)	10/1/2020	E0673	SEGMENTAL GRADENT PRESS PNEUMAT APPLINC HALF LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0694	UV MX DIR LT TX SYS 6 FT CABINET W BULB LAMP TMR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC 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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Molina Clinical Policy:Implanted Intrathecal Pain Pumps Chronic Pain.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1003	WC ACSS PWR SEAT SYS RECLINE W O SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1008	WC ACSS PWR SEAT TILT AND RECLINE W PWR SHEAR RDUC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1012	WC ACCSS PWR SEAT SYS CNTR MNT 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1014	RECLIN BACK ADDITION PEDIATRIC SIZE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1020	RESIDUAL LIMB SUPPORT SYSTEM WHEELCHAIR 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	10/1/2019	E1028	WHEELCHAIR ACCESSORY, MANUAL SWING AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1029	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1035	MULTI-PSTN PT TRNSF SYS W SEAT PT WT UNDER EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1036	MULTI-PSTN PT TRNSF SYS EXTRA WIDE PT OVER 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1225	WHLCHAIR ACCESS MANUAL SEMIRECLINING BACK EACH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1226	WHLCHAIR ACCESS MANUAL FULL RECLINING BACK EACH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1227	SPECIAL HEIGHT ARMS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1235	WHLCHAIR PED SIZE RIGD 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E1238	WHLCHAIR PED SZ FOLD ADJUSTBL W O SEATING SYSTEM	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1298	SPECIAL WHLCHAIR SEAT DEPTH AND OR WIDTH CONSTRUCT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E1700	JAW MOTION REHABILITATION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2201	MNL WC ACSS NONSTD SEAT WDTH GRT THN EQ 20 IN AND UNDER	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2202	MANUAL 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2203	MANUAL WC ACSS NONSTD SEAT FRME DEPTH 20 UNDER 22 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2204	MANUAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2227	MANUAL WC ACCESS GEAR REDUCTION DRIVE WHEEL EACH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2291	BACK PLANAR PED SZ WC INCL FIX ATTCHING 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2292	SEAT PLANAR PED SZ WC INCL FIX ATTCHING 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2293	BACK CONTOURED PED WC INCL FIX ATTCH 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2294	SEAT CONTOURED PED WC INCL FIX ATTCH 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	10/1/2019	E2300	WHEEL CHAIR ACCESSORY - PWR SEAT ELEVATION 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2321	PWR WC ACSS HND CNTRL REMOT JOYSTCK NO PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2322	PWR WC ACSS HND CNTRL MX MECH SWTCH NO PRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2326	PWR WC ACSS BREATH TUBE KIT SIP AND PUFF INTERFCE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2327	PWR WC ACSS HEAD CNTRL INTERFCE MECH PROPRTNAL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2330	PWR WC ACCSS HEAD PROX SWITCH MECH NONPRPRTNL	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2361	PWR WC ACSS 22NF SEALED LEAD ACID BATTRY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2366	PWR WC ACSS BATTRY CHRGR 1 MODE W ONLY 1 BATTRY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2367	PWR WC ACSS BATT CHRGR DUL MODE W EITHER BATT EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2368	POWER WHEELCHAIR CMPNT MOTOR REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2370	PWR WC COMP INT DR WHL MTR AND GR BOX COMB REPL ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2374	PWR WC STANDARD REMOTE JOYSTICK REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2375	PWR WC NONEXPNDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2376	PWR WC EXPANDABLE CONTROLLER REPLACEMENT ONLY	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2378	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACE 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 history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2397	POWER WHLCHAIR ACCESSORY LITHIUM-BASED BATTRY EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	E2398	Wheelchair accessory, dynamic positioning hardware for 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2605	PSTN WHEELCHAIR SEAT CUSHN WIDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2606	PSTN WHEELCHAIR SEAT CUSHN WIDTH 22 IN GT DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2607	SKN PROTECT AND PSTN WC SEAT CUSHN WDTH UNDER 22 IN DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2608	SKN PROTCT AND PSTN WC SEAT CUSHN WDTH 22 IN GT DPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2611	GEN WC BACK CUSHN WDTH UNDER 22 IN HT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2612	GEN WC BACK CUSHN WDTH 22 IN GT HT MOUNT HARDWRE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2613	PSTN WC BACK CUSHN POST WIDTH UNDER 22 IN ANY HEIGHT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2614	PSTN WC BACK CUSHN POST WIDTH 22 IN OR GRT ANY HEIGHT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2615	PSTN WC BACK CUSHN POSTLAT WIDTH UNDER 22 IN ANY HT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2616	PSTN WC BACK CUSHN POSTLAT WIDTH 22 IN OR GRT ANY HT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2620	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH UNDER 22 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2621	PSTN WC BACK CUSHN PLANAR LAT SUPP WDTH 22 IN 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2622	SKIN PROTECT WC SEAT CUSH WIDTH UNDER 22 IN ANY DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2623	SKIN PROTCT WC SEAT CUSH WIDTH 22 IN OR GRT ANY DEPTH	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2624	SKIN PROTECT AND POSITIONING WC CUSH WIDTH UNDER 22 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2625	SKIN PROTECT AND POSITIONING WC CUSH WIDTH 22 IN 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	E2626	WC ACCESS SHLDR ELB MOBIL ARM SUPP WC ADJUSTBLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2628	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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	E2629	WC ACCESS SHLDR ELB M ARM SUPP FRICTION ARM SUPP	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0009	OTHER 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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0011	STD-WT FRME MOTRIZD PWR WHLCHAIR 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0554	RECEIVER DEDICATED FOR USE W THERAPEUTIC GCM 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Pharmacy authorization should be faxed to: 888-487-9251.	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0606	AUTO EXT DEFIB W INTGR ECG ANALY GARMENT 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO AND INCL 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0815	PWR WC GRP 1 STD SLING SEAT PT UP TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0823	PWR WC GRP 2 STD CAPTAINS CHAIR PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0825	PWR WC GRP 2 HEVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0829	PWR WC GRP 2 XTRA HVY DUTY CHAIR PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0831	PWR WC GRP 2 STD SEAT ELEV CAP CHR PT TO 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB OR GRT	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0868	PWR WC GRP 4 STD SLING SEAT PT TO AND EQ 300 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO AND EQ 300 LB	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 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 Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, 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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	K1003	Whirlpool tub, walk in, portable	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	4/1/2020	K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	7/1/2021	K1014	AK 4 BAR LINK HYDL SWG/STANC	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	7/1/2021	K1016	TRANS ELEC NERV FOR TRIGEMIN	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2021	K1017	MONTHLY SUPP USE WITH K1016	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	7/1/2021	K1018	EXT UP LIMB TREMOR STIM WRIS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	7/1/2021	K1019	MONTHLY SUPP USE OF DEVICE CODED AT K1018	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	7/1/2021	K1020	NON-INVASIVE VAGUS NERV 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		2/23/2022
Durable Medical Equipment (DME)	10/1/2022	K1022	ADD LE PROS ENDOSK KNEE DISART ABV K HIP DISAR	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	10/1/2022	K1023	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1024	NONPNEUMATIC COMPR CONTRL W/SEQ CALIBR GRDNT PRS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	10/1/2022	K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1028	PS and CTRL ELEC U O DVC/APPL NM ELEC STIM TNG 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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	10/1/2022	K1029	ORAL DEVICE/APPL NM ELEC STIM TONGUE MUSCLE	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	10/1/2022	K1031	NONPNEU CPRSN CTR W/O CALIBRATED GRADIENT PRS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	10/1/2022	K1032	NONPNEU SEQUENTIAL COMPRESSION GARMENT FULL LEG	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	10/1/2022	K1033	knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), cu	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Third Party Proprietary Criteria		
Durable Medical Equipment (DME)	4/1/2020	L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), 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 evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	L3761	ELBOW ORTHOSIS ADJ POS LOCKING JOINT PREFAB OTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	L7700	GASKET SEAL USE PROS SOCKET INSERT ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	4/1/2020	L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	L8625	EXT RECHARGING SYS BATT CI AO DEVC REPL ONLY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	L8694	AUD OSSEOINTEG DEVC TRANSDUCER ACTR REPL ONLY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	7/1/2020	Q0480	DRIVER PNEUMATIC VAD, REP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1034	ARTIF PANCREAS DEVC SYS THAT CMNCT W ALL DEVC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	S1036	TRANSMITTER; EXT USE W ARTIF PANCREAS DEVC SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4521	ADLT SIZED DISPBL INCONT PROD BRF DIAPER SM EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4522	ADLT SIZED DISPBL INCONT PROD BRF DIAPER MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4523	ADLT SIZED DISPBL INCONT PROD BRF DIAPER LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4524	ADLT SZD DISPBL INCONT PROD BRF DIAPER X-LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON SM EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4529	PED SZD DISPBL INCONT PROD BRF DIAPER SM MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4530	PED SZD DISPBL INCONT PROD BRF DIAPER LG SZ EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM MED EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	T4532	PED SZD DISPBL INCONT PROD UNDWEAR PULLON LG EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF DIAPER EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR PULLON EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	T4535	DISPBL LINER SHIELD GUARD PAD UNDGRMNT INCONT EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4536	INCONT PROD PROTVE UNDWEAR PULLON REUSBL SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	T4539	INCONTINENCE PRODUCT DIAPER BRF REUSABLE SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022

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Durable Medical Equipment (DME)	Prior to 9/1/2019	T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	T4543	ADULT SIZE DISP INCONTINENCE PROD ABOVE XL EA	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual	Requests for incontinent supplies contact Longhorn Health Solutions at (877) 394-1860. Requests for incontinence supplies for a provider other than Longhorn will require prior authorization. Providers are unable to request a supplier other than Longhorn on behalf of the member. Members must call Member Services at (866) 449-6849 (Medicaid/CHIP) or (877) 319-6826 (CHIP RSA) to make this request	2/23/2022
Durable Medical Equipment (DME)	Prior to 9/1/2019	V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Durable Medical Equipment (DME)	Prior to 9/1/2019	V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS	Information generally required to support authorization decision making includes: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. CMS DME 5 Element Order 1. Beneficiary's name 2. A description of the item of DME ordered–the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physician/practitioner's National Practitioner Identifier (NPI) 5. The date of the order	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0071T	US ABLATJ UTERINE LEIOMYOMATA UNDER 200 CC 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0072T	US ABLATJ UTERINE LEIOMYOMAT OR MOREEQUAL 200 CC 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0075T	TCAT PLMT XTRC VRT CRTD STENT RS AND I PRQ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0085T	BREATH TEST HEART TRANSPLANT REJECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0100T	PLMT SCJNCL RTA PROSTH AND PLS AND IMPLTJ INTRA-OC RTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0102T	EXTRCRPL SHOCK WAVE W ANES LAT HUMERL EPICONDYLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0106T	QUANT SENSORY TEST AND INTERPJ XTR W TOUCH STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0107T	QUANT SENSORY TEST AND INTERPJ XTR W VIBRJ STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0108T	QUANT SENSORY TEST AND INTERPJ XTR W COOL STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0109T	QUANT SENAORY TEST AND INTERPJ XTR W HT-PN STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0110T	QUANT SENSORY TEST AND INTERPJ XTR OTHER STIMULI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0184T	RECTAL TUMOR EXCISION TRANSANAL ENDOSCOPIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0198T	MEAS OCULAR BLOOD FLOW REPEAT IO PRES SAMP W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0200T	PERQ SAC AGMNTJ UNI W WO BALO MCHNL DEV 1 OR GRT NDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0201T	PERQ SAC AGMNTJ BI W WO BALO MCHNL DEV 2 OR GRT NDLS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0202T	POST VERT ARTHRPLSTY W WO BONE CEMENT 1 LUMB 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	10/1/2020	0207U	NEURO ALZHEIMER QUAN IMAGING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0207T	EVAC MEIBOMIAN GLNDS AUTO HT AND INTMT PRESS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0208T	PURE TONE AUDIOMETRY AUTOMATED AIR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0209T	PURE TONE AUDIOMETRY AUTOMATED AIR AND BONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0211T	SPEECH AUDIOM THRESHLD AUTO W SPEECH RECOGNITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0212T	COMPRE AUDIOM THRESHOLD EVAL AND SPEECH RECOG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0214T	NJX DX THER PARAVER FCT JT W US CER THOR 2ND LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0217T	NJX DX THER PARAVER FCT JT W US LUMB SAC LVL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0219T	PLMT POST FACET IMPLANT UNI BI W IMG AND GRFT CERV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	10/1/2020	0219U	NFCT AGT HIV GNRJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0220T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT THOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0221T	PLMT POST FACET IMPLT UNI BI W IMG AND GRFT LUMB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	10/1/2020	0221U	ABO GNOTYP NEXT GNRJ SEQ ABO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	10/1/2020	0222U	RHD&RHCE GNTYP NEXT GNRJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0234T	TRLUML PERIPHERAL ATHERECTOMY RENAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0235T	TRLUML PERIPHERAL ATHERECTOMY VISCERAL ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0236T	TRLUML PERIPH ATHRC W RS AND I ABDOM AORTA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0237T	TRLUML PERIPH ATHRC W RS AND I BRCHIOCPHL EA 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0238T	TRLUML PERIPHERAL ATHERECTOMY ILIAC ARTERY EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0253T	INSERT ANT SGM DRAINAGE DEV W O RESERVR INT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0263T	AUTO BONE MARRW CELL RX COMPLT BONE MARRW HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0264T	AUTO BONE MARRW CELL RX COMP W O BONE MAR HARVST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0265T	BONE MAR HARVST ONLY FOR INTMUSC AUTOLO CELL RX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0266T	IM REPL CARTD SINUS BAROREFLX ACTIV DEV TOT SYST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0267T	IM REPL CARTD SINS BAROREFLX ACTIV DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0268T	IM REPL CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0269T	REV REMVL CARTD SINS BARREFLX ACT DEV TOT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0270T	REV REMVL CARTD SINS BARREFLX ACT DEV LEAD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0271T	REV REM CARTD SINS BARREFLX ACT DEV PLS GEN ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W PRGRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0275T	PERC LAMINO- LAMINECTOMY INDIR IMAG GUIDE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0278T	TRNSCUT ELECT MODLATION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY AND PLS GEN VAGUS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0313T	LAPS REVJ REPLCMT NSTIM ELTRD ARRAY VAGUS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0314T	LAPS RMVL NSTIM ELTRD ARRAY AND PLS GEN VAGUS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0315T	REMOVAL PULSE GENERATOR VAGUS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0316T	REPLACEMENT PULSE GENERATOR VAGUS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W REPRGRMG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0329T	MNTR INTRAOCULAR PRESS 24HRS OR GRT UNI BI W INTERP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	Prior to 9/1/2019	0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0335T	INSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0342T	THERAPEUTIC APHERESIS W SELECTIVE HDL DELIP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0352T	OCT BREAST OR AXILL NODE SPECIMEN I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0354T	OCT BREAST SURG CAVITY REAL TIME REFERRED I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0358T	BIA WHOLE BODY COMPOSITION ASSESSMENT W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	Prior to 9/1/2019	0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL INTRCAV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0398T	MRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W US GDN RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0408T	INSJ RPLC CAR MODULJ SYS PLS GEN TRANSVNS ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0409T	INSJ RPLC CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0410T	INSJ RPLC CARDIAC MODULJ SYS ATR ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0411T	INSJ RPLC CAR MODULJ SYS VENTR ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0412T	REMOVAL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0413T	REMOVAL CARDIAC MODULJ SYS TRANSVENOUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0414T	RMVL AND RPL CARDIAC MODULJ SYS PLS GENERATOR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0415T	REPOS CARDIAC MODULJ SYS TRANSVENOUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0416T	RELOC SKIN POCKET CARDIAC MODULJ PULSE GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0418T	INTERRO DEVICE EVALUATION CARDIAC MODULJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0419T	DSTRJ NEUROFIBROMAS XTNSV FACE HEAD NECK OVER 50	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0420T	DSTRJ NEUROFIBROMAS XTNSV TRNK EXTREMITIES OVER 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0422T	TACTILE BREAST IMG COMPUTER-AIDED SENSORS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0424T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0425T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA SENSING 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0426T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA STIMJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0427T	INSJ RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0431T	RMVL RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0437T	IMPLTJ NONBIOL SYNTH IMPLT FASC RNFCMT ABDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0440T	ABLTJ PERC CRYOABLTJ IMG GDN UXTR PERPH 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0441T	ABLTJ PERC CRYOABLTJ IMG GDN LXTR PERPH 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0442T	ABLTJ PERC CRYOABLTJ IMG GDN NRV PLEX TRNCL 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0443T	R-T SPCTRL ALYS PRST8 TISS FLUORESCENC SPCTRSCPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0445T	SBSQ PLMT DRUG ELUTING OCULAR INSERT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0446T	CRTJ SUBQ INSJ IMPLTBL GLUCOSE SENSOR SYS TRAIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0469T	RTA POLARIZE SCAN OC SCR W ONSITE AUTO RSLT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0470T	OCT SKN IMG ACQUISJ I AND R 1ST LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0472T	DEV INTERR PRGRMG IO RTA ELTRD RA W ADJ AND REPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0473T	DEV INTERR REPRGRMG IO RTA ELTRD RA W REPRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0474T	INSJ ANT SEG AQUEOUS DRG DEV W IO RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0475T	REC FTL CAR SGL 3 CH PT REC AND STRG DATA SCN I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0476T	REC FTL CAR SGL PT REC SCAN W RAW ELEC TR DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0477T	REC FTL CAR SGL 3 CH SGL XTRJ TECHL 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0478T	REC FTL CAR SGL 3 CH 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0481T	NJX AUTOL WBC CONCENTR INC IMG GDN HRV AND PREP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0485T	OCT MIDDLE EAR WITH I AND R 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0486T	OCT MIDDLE EAR WITH I AND R BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0487T	TRANSVAGINAL BIOMECHANICAL MAPPING W REPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0488T	DIABETES PREV ONLINE ELECTRONIC PRGRM PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0489T	AUTOL REGN CELL TX SCLERODERMA HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0490T	AUTOL REGN CELL TX SCLDR MLT INJ 1 OR GRT HANDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0491T	ABL LASER TX OPEN WND PR DAY 1ST 20 SQCM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0493T	NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0494T	PREP AND CANNULI CDVR DON LNG ORGN PRFUJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0495T	INIT AND MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0497T	XTRNL PT ACT ECG W O ATTN MNTR IN-OFFICE CONN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0498T	XTRNL PT ACT ECG W O ATTN MNTR R AND I PR 30 DAYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0499T	CYSTO W DIL AND URTL RX DEL F URTL STRIX 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0500T	IADNA HPV 5 PLUS SEP REPRT HIGH RISK HPV TYPES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0505T	EV FEMPOP ARTL REVSC TCAT PLMT IV ST GRF AND CLSR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0506T	MAC PGMT OPTICAL DNS MEAS HFP UNI BI W I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0507T	NEAR INFRARED DUAL IMG MEIBOMIAN GLND UNI BI I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0508T	PLS ECHO US B1 DNS MEAS INDIC AXL B1 MIN DNS TIB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0510T	REMOVAL OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0512T	ESW INTEGUMENTARY WOUND HEALING INITIAL WOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0514T	INTRAOPERATIVE VISUAL AXIS ID USING PT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0515T	INSERTION WRLS CAR STIMULATOR LV PACG COMPL SYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	Prior to 9/1/2019	0516T	INSERTION WRLS CAR STIMULATOR LV PACG ELTRD ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0517T	INSERTION WRLS CAR STIMULATOR LV PACG PG COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0518T	REMOVAL PG COMPNT ONLY WRLS CAR STIMULATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0519T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR PG COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0520T	REMOVAL AND RPLCMT WRLS CAR STIMULATOR W NEW ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	Prior to 9/1/2019	0521T	INTERROG DEV EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0522T	PRGRMG DEVICE EVAL WRLS CAR STIMULATOR IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0523T	INTRAPROCEDURAL CORONARY FFP W 3D FUNCJL MAPPING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0524T	EV CATHETER DIR CHEM ABLTJ INCMPTNT XTR 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0525T	INSERTION REPLACEMENT COMPLETE IIMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	Prior to 9/1/2019	0526T	INSERTION REPLACEMENT IIMS ELECTRODE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0527T	INSERTION REPLACEMENT IIMS IMPLANTABLE MNTR ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0528T	PRGRMG DEVICE EVAL IIMS IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0529T	INTERROGATION DEVICE EVAL IIMS IN PERSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0530T	REMOVAL COMPLETE IIMS INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	0531T	REMOVAL IIMS ELECTRODE ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0532T	REMOVAL IIMS IMPLANTABLE MNTR ONLY INCL IMG S AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0533T	CONTINUOUS REC MVMT DO SX 6 D UNDER 10 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0534T	CONT REC MVMT DO SX 6 D UNDER 10 D SETUP AND PT TRAINJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0535T	CONT REC MVMT DO SX 6 D UNDER 10 D 1ST REPRT CNFIG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	0536T	CONT REC MVMT DO SX 6 D UNDER 10 D DL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0541T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	0542T	MYOCARDIAL IMG BY MCG DETCJ CARDIAC ISCHEMIA I AND R	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0569T	Transcatheter tricuspid valve repair, 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0572T	Insertion of substernal implantable defibrillator 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0573T	Removal of substernal implantable defibrillator 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0580T	Removal of substernal implantable defibrillator pulse generator only	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0596T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); initial insertion, including urethral measurement	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0597T	Temporary female intraurethral valve-pump (i.e., voiding prosthesis); 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (e.g., 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0599T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (e.g., upper extremity) (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0603T	Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0604T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0605T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0606T	Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (e.g., ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0609T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0611T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0613T	Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0614T	Removal and replacement of substernal implantable defibrillator pulse generator	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0615T	Eye-movement analysis without spatial calibration, with 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0616T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2020	0617T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0618T	Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2020	0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0620T	ENDOVASCULAR VENOUS ARTERIALIZATION, TIBIAL OR PERONEAL VEIN, WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT GRAFT(S) AND CLOSURE BY ANY METHOD, INCLUDING PERCUTANEOUS OR OPEN VASCULAR ACCESS, ULTRASOUND GUIDANCE FOR VASCULAR ACCESS WHEN PERFORMED, ALL CATHETERIZATION(S) AND INTRAPROCEDURAL ROADMAPPING AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION, ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0621T	TRABECULOSTOMY AB INTERNO BY LASER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	1/1/2021	0622T	TRABECULOSTOMY AB INTERNO BY LASER; WITH USE OF OPHTHALMIC ENDOSCOPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST 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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST 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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0630T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	1/1/2021	0631T	TRANSCUTANEOUS VISIBLE LIGHT HYPERSPECTRAL IMAGING MEASUREMENT OF OXYHEMOGLOBIN, DEOXYHEMOGLOBIN, AND TISSUE OXYGENATION, WITH INTERPRETATION AND REPORT, PER 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0632T	PERCUTANEOUS TRANSCATHETER ULTRASOUND ABLATION OF NERVES INNERVATING THE PULMONARY ARTERIES, INCLUDING RIGHT HEART CATHETERIZATION, PULMONARY ARTERY ANGIOGRAPHY, AND ALL IMAGING GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	0639T	WIRELESS SKIN SENSOR THERMAL ANISOTROPY MEASUREMENT(S) AND ASSESSMENT OF FLOW IN CEREBROSPINAL FLUID SHUNT, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0640T	NCNTC NR IFR SPCTRSC WND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0641T	NCNTC NR IFR SPCTRSC WND 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	7/1/2021	0642T	NCNTC NR IFR SPCTRSC WND 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0643T	TCAT L VENTR RSTRJ DEV 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0644T	TCAT RMVL/DBLK ICAR MAS 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0645T	TCAT IMPLTJ C SINS RDCTJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0646T	TTVI/RPLCMT W/PRSTC VLV 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	7/1/2021	0647T	INSJ GTUBE PERQ MAG GASTRPXY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0648T	QUAN MR ALYS TISS W/O MRI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0649T	QUAN MR ALYS TISS W/MRI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0650T	PRGRMG DEV EVAL SCRMS REMOTE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0651T	MAG CTRLD CAPSULE ENDOSCOPY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	7/1/2021	0652T	EGD FLX TRANSNASAL DX BR/WA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0653T	EGD FLX TRANSNASAL BX 1/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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0654T	EGD FLX TRANSNASAL TUBE/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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0655T	TPRNL FOCAL ABLTJ MAL PRST8	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0656T	VRT BDY TETHERING ANT <7 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	7/1/2021	0657T	VRT BDY TETHERING ANT 8+ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0658T	ELEC IMPD SPECTRSC 1+SKN LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0660T	IMPLT ANT SGM IO NBIO RX 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0661T	RMVL&RIMPLTJ ANT SGM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0662T	SCALP COOL 1ST MEAS&CALBRJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	7/1/2021	0663T	SCALP COOL PLMT MNTR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0664T	DON HYSTERECTOMY OPEN CDVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0665T	DON HYSTERECTOMY OPEN LIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0666T	DON HYSTERECTOMY LAPS LIV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0667T	DON HYSTERECTOMY RCP UTER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Experimental and Investigational	7/1/2021	0668T	BKBENCH PREP DON UTER ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0669T	BKBENCH RCNSTJ DON UTER VEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	7/1/2021	0670T	BKBENCH RCNSTJ DON UTER ARTL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0691T	Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2022	0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0694T	3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0695T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0696T	Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0697T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; multiple organs	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2022	0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2022	0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	Prior to 9/1/2019	83987	PH EXHALED BREATH CONDENSATE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Measurement of Carotid Artery Intima Thickness		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	A4563	RECTAL CNTRL SYS VAG INSRT LT USE ANY TYPE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	C1824	Generator, cardiac contractility modulation (implantable)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	4/1/2020	C2596	Probe, image guided, robotic, waterjet ablation	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	C9751	BRONCHOSCOPY RIGID FLEXIBLE TRANSBRON ABL LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	C9752	DESTRUC IO BASIVERTEB NERV 1ST 2 VERT B LUMB 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	Prior to 9/1/2019	C9753	DESTRUC IO BASIVERTEB NERV EA ADD VERT BODY L 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	4/1/2020	C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
Experimental and Investigational	7/1/2022	C9783	BLINDED PROC TC IMP CS RD DVCE/PLACEBO CONTROL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		8/31/2022
Experimental and Investigational	1/1/2021	K1006	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Experimental and Investigational	1/1/2021	K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS, MICROPROCESSORS, SENSORS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Experimental and Investigational	1/1/2021	K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0005U	ONCO PRST8 GENE XPRS PRFL 3 GENE UR ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0008U	HPYLORI DETECTION AND ANTIBIOTIC RESISTANCE 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0009M	FETAL ANEUPLOIDY 21 18 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0010U	NFCT DS STRN TYP WHL GENOME SEQUENCING PR ISOL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0011U	RX MNTR DRUGS PRESENT LC-MS MS ORAL FLUID PR DOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0012U	GERMLN DO GENE REARGMT DETCJ DNA WHOLE BLOOD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0013U	ONC SLD ORGN NEO GENE REARGMT DNA FRSH FRZN 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 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0014M	LIVER DS ALYS 3 BMRK 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0014U	HEM HMTLMF NEO GENE REARGMT DNA WHL BLD MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0015M	ADRNL CORTCL TUM BCHM ASY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Genetic Counseling and Testing	1/1/2021	0016M	ONC BLADDER MRNA 209 GEN 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 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0016U	ONC HMTLMF NEO RNA BCR ABL1 BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2021	0017M	ONC DLBCL MRNA 20 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0017U	ONC HMTLMF NEO JAK2 MUTATION DNA BLD BNE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2019	0022U	TRGT GEN SEQ ALYS NONSM LNG NEO DNA AND RNA 23 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

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Genetic Counseling and Testing	Prior to 9/1/2019	0026U	ONC THYR DNA AND MRNA 112 GENES FNA NDUL ALG 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 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0027U	JAK2 GENE ANALYSIS TRGT SEQ ALYS EXONS 12-15	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0029U	RX METAB ADVRS RX RXN AND RSPSE TRGT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0030U	RX METAB WARFARIN RX RESPONSE TRGT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0031U	CYP1A2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

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Genetic Counseling and Testing	Prior to 9/1/2019	0032U	COMT GENE ANALYSIS C.472G OVER A 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0033U	HTR2A HTR2C GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0034U	TPMT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0045U	ONC BRST DUX CARC IS MRNA 12 GENES ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0046U	FLT3 GENE INT TANDEM DUPL VARIANTS QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED 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 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0049U	NPM1 GENE ANALYSIS QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Genetic Counseling and Testing	Prior to 9/1/2019	0053U	ONC PRST8 CA FISH ALYS 4 GENES NDL BX SPEC 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 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0055U	CARD HRT TRNSPL 96 TARGET DNA SEQUENCES PLASMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0056U	HEM AML DNA GENE REARRANGEMENT BLOOD BONE MARROW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0057U	ONC SLD ORG NEO MRNA 51 GENES ALG NML PCT RANK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0058U	ONC MERKEL CELL CARC DETCJ ANTB 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 evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	0059U	ONC MERKEL CELL CARC DETCJ ANTB SERUM REPRTD PLUS -	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	0060U	TWN ZYG GEN TRGT SEQ ALYS CHRMS2 FTL DNA MAT BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0101U	HERED COLON CA DO GEN SEQ ALYS PNL 15 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Genetic Counseling and Testing	10/1/2020	0103U	HERED OVARIAN CA GEN SEQ ALYS PANEL 24 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0156U	COPY NUMBER SEQUENCE 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 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0157U	APC MRNA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0158U	MLH1 MRNA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0159U	MSH2 MRNA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	0160U	MSH6 MRNA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0161U	PMS2 MRNA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	0162U	HERED COLON CA TRGT MRNA PN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin -fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol -4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0178U	Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3 Nacetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022
Genetic Counseling and Testing	7/1/2020	0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP- ribosyltransferase 4 [Dombrock blood group]) 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	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 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 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 characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022
Genetic Counseling and Testing	7/1/2020	0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 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 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0195U	KLF1 (Kruppel-like factor 1), targeted sequencing(ie, exon 13)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022
Genetic Counseling and Testing	7/1/2020	0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Genetic Testing		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	7/1/2020	0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (Xlinked Kx blood group) exons 1 -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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	7/1/2020	0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) 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 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0203U	AI IBD MRNA XPRSN PRFL 17	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0204U	ONC THYR MRNA XPRSN ALYS 593	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0205U	OPH AMD ALYS 3 GENE VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0208U	ONC MTC MRNA XPRSN ALYS 108	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0211U	ONC PAN-TUM DNA&RNA GNRJ 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 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0212U	RARE DS GEN DNA ALYS PROBAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0213U	RARE DS GEN 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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0214U	RARE DS XOM DNA ALYS PROBAND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0215U	RARE DS XOM DNA ALYS EA COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0216U	NEURO INH ATAXIA DNA 12 COM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2020	0218U	NEURO MUSC DYS DMD SEQ ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	10/1/2020	0220U	ONC BRST CA AI ASSMT 12 FEAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES W ITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0230U	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION), FULL SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	0231U	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0232U	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0233U	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG,RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COW DEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON- UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling & Testing	4/1/2022	0306U	ONC MRD NXT-GNRJ ALYS 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0307U	ONC MRD NXT-GNRJ ALYS SBSQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0308U	CRD CAD ALYS 3 PRTN PLSM 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 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		
Genetic Counseling & Testing	4/1/2022	0309U	CRD CV DS ALY 4 PRTN PLM 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 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		
Genetic Counseling & Testing	4/1/2022	0310U	PED VSCLTS KD ALYS3 BMRKS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0311U	NFCT DS BCT QUAN ANTMCRB 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0312U	AI DS SLE ALYS 8 IGG AUTOANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0313U	ONC PNCRS DNA&MRNA SEQ 74	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0314U	ONC CUTAN MLNMA MRNA 35 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0315U	ONC CUTAN SQ CLL CA MRNA 40	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0316U	B BRGDRFERI LYME DS OSPA EVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0317U	ONC LUNG CA 4-PRB FISH ASSAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0318U	PED WHL GEN MTHYLTN ALYS 50+	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0319U	NEPH RNA PRETRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0320U	NEPH RNA PSTTRNSPL PERPH BLD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling & Testing	4/1/2022	0321U	IADNA GU PTHGN 20BCT&FNG ORG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling & Testing	4/1/2022	0322U	NEURO ASD MEAS 14 ACYL CARN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Genetic Counseling and Testing	4/1/2020	80145	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	80187	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	80230	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	80235	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	80280	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	80285	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 plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy and Molina Clinical Policy: Genetic Testing		
Genetic Counseling and Testing	Prior to 9/1/2019	81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy and Molina Clinical Policy: Genetic Testing		
Genetic Counseling and Testing	Prior to 9/1/2019	81121	IDH2 COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP DEL ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	1/1/2021	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CELL LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUALITATIVE AND QUANTITATIVE, IF PERFORMED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81176	ASXL1 GENE ANALYSIS TARGETED 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81185	CACNA1A 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81186	CACNA1A 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81189	CSTB 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (EG, SOLID TUMORS) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEPTOR TYROSINE KINASE 1, 2, AND 3) (EG, SOLID TUMORS) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Genetic Counseling and Testing	Prior to 9/1/2019	81203	APC GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81204	AR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	10/1/2019	81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81210	BRAF GENE ANALYSIS V600 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Genetic Counseling and Testing	Prior to 9/1/2019	81215	BRCA1 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81216	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81217	BRCA2 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81218	CEBPA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	10/1/2019	81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81222	CFTR GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81223	CFTR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81229	CYTOGENOM CONST MICROARRAY COPY NUMBER AND SNP VAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81233	BTK GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81235	EGFR GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81238	F9 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81244	FMR1 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81247	G6PD GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81258	HBA1 HBA2 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81259	HBA1 HBA2 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81265	COMPARATIVE ANAL STR MARKERS PATIENT AND COMP 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81269	HBA1 HBA2 GENE ANALYSIS DUP DEL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81272	KIT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81273	KIT GENE ANALYSIS D816 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81274	HTT GENE ANALYSIS CHARACTERIZATION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (EG, EXONS 12 AND 13)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81283	IFNL3 GENE ANALYSIS RS12979860 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81285	FXN GENE ANALYSIS CHARACTERIZATION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81286	FXN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81294	MLH1 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81297	MSH2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81298	MSH6 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81300	MSH6 GENE ANALYSIS DUPLICATION DELETION VARIA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	4/1/2020	81308	PALB2 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2 AND 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81313	PCA3 KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81319	PMS2 GENE ANALYSIS DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81323	PTEN GENE ANALYSIS DUPLICATION DELETION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81324	PMP22 GENE ANAL 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81325	PMP22 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81329	SMN1 GENE ANALYSIS DOSAGE DELET ALYS W SMN2 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81334	RUNX1 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81335	TPMT GENE ANALAYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81336	SMN1 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; SEQUENCE ANALYSIS, EXON 10	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81345	TERT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81346	TYMS GENE ANALYSIS COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81347	SF3B1 (SPLICING FACTOR [3B] SUBUNIT B1) (EG, MYELODYSPLASTIC SYNDROME/ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, A672T, E622D, L833F, R625C, R625L)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81348	SRSF2 (SERINE AND ARGININE-RICH SPLICING FACTOR 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, P95H, P95L)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2022	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81355	VKORC1 GENE ANALYSIS COMMON 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, S34F, S34Y, Q157R, Q157P)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	1/1/2021	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) (EG, MYELODYSPLASTIC SYNDROME, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, COMMON VARIANT(S) (EG, E65FS, E122FS, R448FS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81361	HBB COMMON VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81362	HBB KNOWN FAMILIAL VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81363	HBB DUPLICATION DELETION VARIANTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81364	HBB 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81400	MOLECULAR PATHOLOGY PROCEDURE 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81411	AORTIC DYSFUNCTION DILATION DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81413	CAR ION CHNNLPATH GENOMIC SEQ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2021	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81431	HEARING LOSS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81433	HEREDITARY BRST CA-RELATED DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81436	HEREDITARY COLON CA DSRDRS DUP DEL ANALYS 5 GEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81438	HEREDTRY NURONDCRN TUM DSRDRS DUP DEL ANALYSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
Genetic Counseling and Testing	Prior to 9/1/2019	81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		

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Genetic Counseling and Testing	Prior to 9/1/2019	81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cell-Free DNA Screening for Chromosomal Aneuploidy		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Genetic Counseling and Testing	4/1/2020	81522	BREAST ONCOLOGY, MRNA, GENE EXPRESSION PROFILING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2022	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	81529	ONCOLOGY (CUTANEOUS MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 31 GENES (28 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK, INCLUDING LIKELIHOOD OF SENTINEL LYMPH NODE METASTASIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81535	ONCOLOGY GYNE LIVE TUM CELL CLTR AND CHEMO RESP 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	1/1/2021	81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITIAL PNEUMONIA [UIP])	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	1/1/2022	81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	83006	GROWTH STIMULATION EXPRESSED GENE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	86152	CELL ENUMERATION IMMUNE SELECTJ AND ID FLUID 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	86153	CELL ENUMERATION IMMUNE SELECTJ AND ID PHYS INTERP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	4/1/2020	87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	88271	MOLECULAR CYTOGENETICS DNA PROBE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	88369	M PHMTRC ALYS ISH QUANT SEMIQ MNL PER SPEC 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	88373	M PHMTRC ALYS ISH QUANT SEMIQ CPTR PER SPEC 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	88374	M PHMTRC ALYS ISH QUANT SEMIQ CPTR EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	88377	M PHMTRC ALYS ISH QUANT SEMIQ MNL EACH MULTIPRB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	G9143	WARFARIN RSPN TEST GEN TECH ANY METH ANY # 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3722	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 evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Genetic Counseling and Testing	Prior to 9/1/2019	S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3861	GENETIC TESTING SCN5A AND VARIANTS FOR SUSPCTED BS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3866	GENETIC ANALY GENE MUTAT HCM INDIV KNOWN HCM FAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Genetic Counseling and Testing	Prior to 9/1/2019	S3870	CGH MICROARRAY TEST DD ASD AND OR INTELL DISABILTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	G0151	SERVICE PHYS THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	G0152	SERVICE OCCUP THERAP HOME HLTH HOSPICE EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	G0160	SERVICES OT HOME HEALTH EST DEL 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	G0161	SERVICE SLP HH EST DEL SPCH-LANG 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
All Home Health Care Services: No PA required for initial 60 days from start of care; recertification require PA.	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Evaluation plus 6 visits per calendar year	2/23/2022
All Home Health Care Services: No PA required for initial 60 days from start of care; recertification require PA.	Prior to 9/1/2019	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Evaluation plus 6 visits per calendar year	2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S5116	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 evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S5135	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9122	HOM HLTH AIDE CERT NURSE ASST PROV CARE HOM;-HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	S9977	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 evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	T1003	LPN LVN SERVICES UP TO 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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 evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
All Home Health Care Services: Prior authorization after initial evaluation plus six (6) visits per calendar year for Skilled Nursing, and home-based OT/PT & ST require prior authorization after initial evaluation.	Prior to 9/1/2019	T1031	NURSING CARE IN THE HOME BY LPN PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Hyperbaric/Wound Therapy	10/1/2022	A2004	XCELLISTEM 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.	Third Party Proprietary Criteria		
Hyperbaric/Wound Therapy	10/1/2022	A2005	MICROLYTE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Hyperbaric/Wound Therapy	10/1/2022	A2006	NOVOSORB SYNPATH DERMAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Hyperbaric/Wound Therapy	10/1/2022	A2007	RESTRATA 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.	Third Party Proprietary Criteria		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	A2008	THERAGENESIS 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.	Third Party Proprietary Criteria		
Hyperbaric/Wound Therapy	10/1/2022	A2009	SYMPHONY 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.	Third Party Proprietary Criteria		
Hyperbaric/Wound Therapy	10/1/2022	A2010	APIS 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.	Third Party Proprietary Criteria		
Hyperbaric/Wound Therapy	7/1/2022	A2011	SUPRA SDRM 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.	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	7/1/2022	A2012	SUPRATHEL 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.	Molina Clinical Policy: Skin Substitutes		8/31/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2022	A2013	INNOVAMATRIX FS 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.	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	7/1/2022	A4100	SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	G0277	HPO UND PRESS FULL BODY CHMBR PER 30 MIN INT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	10/1/2022	G0460	AUTOLOGOUS PLATELET-RICH PLASMA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		
Hyperbaric/Wound Therapy	10/1/2022	G0465	AUTOLOG PRP DIAB CHRON WOUND/ULCER FDA CLEAR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4101	APLIGRAF PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4102	OASIS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4103	OASIS BURN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4105	INTEGRA DRT/INTEGRA OMNIGR DRML RGN MTX P 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4106	DERMAGRAFT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4107	GRAFTJACKET 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4108	INTEGRA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4110	PRIMATRIX 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4111	GAMMAGRAFT 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4112	CYMETRA INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4115	ALLOSKIN 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4116	ALLODERM 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4117	HYALOMATRIX 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4118	MATRISTEM MICROMATRIX 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4121	THERASKIN PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4122	DERMACLL DERMACLL AWM/DERMACLL AWM POROUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4123	ALLOSKIN RT 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4124	OASIS ULTRA TRI-LAYER 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
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 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 Substitutes		
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 evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4127	TALYMED 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
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 Substitutes		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4134	HMATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4135	MEDISKIN PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4136	E-Z DERM PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4137	AMNIOEXCEL AMNIOEXCEL PLUS/BIODEXCEL 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4138	BIODFENCE DRYFLEX 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4139	AMNIOMATRIX OR BIODMATRIX INJECTABLE 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4140	BIODFENCE 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4141	ALLOSKIN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4142	XCM BIOLOGIC TISSUE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4143	REPRIZA 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4145	EPIFIX INJECTABLE 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4146	TENSIX 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4147	ARCHITECT EXTRACELLULAR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4148	NEOX CORD 1K NEOX CORD RT/CLARIX CORD 1K-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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4149	EXCELLAGEN 0.1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4150	ALLOWRAP DS OR DRY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4152	DERMAPURE PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4153	DERMAVEST AND PLURIVEST 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4154	BIOVANCE PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4155	NEOXFLO OR CLARIXFLO 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4157	REVITALON PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4159	AFFINITY PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4160	NUSHIELD PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4161	BIO-CONNEKT WOUND MATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4162	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4163	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4164	HELICOLL PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4165	KERAMATRIX PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4166	CYTAL 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4167	TRUSKIN 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4168	AMNIOBAND 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4169	ARTACENT WOUND 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4170	CYGNUS 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4171	INTERFYL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4173	PALINGEN OR PALINGEN XPLUS 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4174	PALINGEN OR PROMATRX 0.36 MG PER 0.25 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4175	MIRODERM 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4176	NEOPATCH 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.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4177	FLOWERAMNIOFLO, 0.1 cc	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4178	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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4179	FLOWERDERM PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4180	REVITA PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4182	TRANSCYTE PER SQUARE CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4183	SURGIGRAFT 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4184	CELLESTA 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4188	AMNIOARMOR 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4189	ARTACENT AC 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4190	ARTACENT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4192	RESTORIGIN 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4193	COLL-E-DERM 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4194	NOVACHOR 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4195	PURAPLY PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4196	PURAPLY AM PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4197	PURAPLY XT PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4198	GENESIS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	10/1/2022	Q4199	CYGNUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4200	SKINTE 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4201	MATRION 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.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4202	KEROXX (2.5G CC) 1CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	Prior to 9/1/2019	Q4204	XWRAP 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.	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	10/1/2022	Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4206	FLUID FLOW OR FLUID GF 1 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4208	NOVAFIX 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4209	SURGRAFT 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4211	AMNION BIO OR AXOBIOMEMBRANE 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4212	ALLOGEN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4213	ASCENT 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4214	CELLESTA CORD 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.	Molina Clinical Policy: Skin Substitutes		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4216	ARTACENT CORD 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4217	WNDFIX BIOWND WNDFIX Plus BIOWND Plus WNDFIX X Plus /X Plu	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4219	SURGIGRAFT-DUAL PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4220	BELLACELL HD OR SUREDERM 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.	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4221	AMNIO WRAP2 PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4222	PROGENAMATRIX 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.	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2022	Q4224	HMN HLTH FAC 10 AMNIOTIC PATCH HHF10-P 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	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	7/1/2022	Q4225	AMNIOBIND 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	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	4/1/2021	Q4226	NEW SKIN HOMOLOGOUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	10/1/2022	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4230	COGENEX FLOWABLE AMNION PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4232	CORPLEX 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4233	SURFACTOR OR NUDYN PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4234	XCELLERATE 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	Molina Clinical Policy: Skin Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4235	AMNIOREPAIR OR ALTIPLY 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4237	CRYO-CORD 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4238	DERM-MAXX 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4240	CORECYTE FOR TOPICAL USE ONLY PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4241	POLYCYTE FOR TOPICAL USE ONLY PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4242	AMNIOCYTE PLUS PER 0.5 CC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4244	PROCENTA PER 200 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4245	AMNIOTEXT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	Q4246	CORETEXT OR PROTEXT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	10/1/2022	Q4247	AMNIOTEXT PATCH 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	Molina Clinical Policy: Skin Substitutes		
Hyperbaric/Wound Therapy	10/1/2022	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Substitutes		
Hyperbaric/Wound Therapy	1/1/2021	Q4249	AMNIPLY, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	1/1/2021	Q4250	AMNIOAMP-MP, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	1/1/2022	Q4251	VIM 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	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	1/1/2022	Q4252	VENDAJE PER SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Hyperbaric/Wound Therapy	1/1/2022	Q4253	ZENITH 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Hyperbaric/Wound Therapy	1/1/2021	Q4254	NOVAFIX DL, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	1/1/2021	Q4255	REGUARD, FOR TOPICAL USE ONLY, PER SQUARE CENTIMETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual		2/23/2022
Hyperbaric/Wound Therapy	7/1/2022	Q4256	MYOWN SKIN INCL HARVEST AND PREP PROC 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	Molina Clinical Policy: Skin Substitutes		8/31/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Hyperbaric/Wound Therapy	7/1/2022	Q4257	RELESE 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	Molina Clinical Policy: Skin Substitutes		8/31/2022
Hyperbaric/Wound Therapy	7/1/2022	Q4258	ENVERSE 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	Molina Clinical Policy: Skin Substitutes		8/31/2022
Imaging and Special Tests	Prior to 9/1/2019	0042T	CEREBRAL PERFUSION ANALYS CT W BLOOD FLOW AND VOLUME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL AND QUANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL AND QUANT W SPECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0609T	MRS DISC PAIN ACQUISJ DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2021	0611T	MRS DISC PAIN ALG ALYS DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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	2/23/2022
Imaging and Special Tests	1/1/2022	0625T	AUTO QUAN and CHARAC CORONARY PLAQ COMPUTERIZED ALYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2021	0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT 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; •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	2/23/2022
Imaging and Special Tests	1/1/2021	0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2021	0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2021	0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2021	0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	1/1/2022	0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	0710T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	1/1/2022	0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	1/1/2022	0712T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	1/1/2022	0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70336	MRI TEMPOROMANDIBULAR 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 evaluations from other health care 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	2/23/2022
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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70480	CT ORBIT SELLA POST FOSSA EAR 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 evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70481	CT ORBIT SELLA POST FOSSA EAR W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70482	CT ORBIT SELLA POST FOSSA EAR W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70486	CT MAXILLOFACIAL 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70487	CT MAXILLOFACIAL 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; •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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70488	CT MAXILLOFACIAL 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70490	CT SOFT TISSUE NECK W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70491	CT SOFT TISSUE NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70492	CT SOFT TISSUE NECK W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70544	MRA HEAD W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	70547	MRA NECK W O CONTRST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70548	MRA NECK W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	70552	MRI BRAIN BRAIN STEM W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners 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	2/23/2022

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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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	71250	CT THORAX 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	71260	CT THORAX 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; •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	2/23/2022

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Imaging and Special Tests	Prior to 9/1/2019	71270	CT THORAX 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 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	2/23/2022
Imaging and Special Tests	1/1/2021	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	71550	MRI CHEST W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 evaluations from other health care 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	2/23/2022

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Imaging and Special Tests	Prior to 9/1/2019	71552	MRI CHEST W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72125	CT CERVICAL SPINE W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72126	CT CERVICAL SPINE W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72127	CT CERVICAL SPINE W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72141	MRI SPINAL CANAL CERVICAL W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72146	MRI SPINAL CANAL THORACIC W O CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72147	MRI SPINAL CANAL THORACIC W CONTRAST MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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	2/23/2022

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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 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: MRI Angiography Spinal Canal	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Pelvis CTA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72192	CT PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	72193	CT PELVIS W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73200	CT UPPER EXTREMITY 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 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73201	CT UPPER EXTREMITY 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; •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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73202	CT UPPER EXTREMITY 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73206	CT ANGIOGRAPHY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Upper Extremity CTA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73218	MRI UPPER EXTREMITY OTH THAN 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73219	MRI UPPER EXTREMITY OTH THAN JT W CONTR MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73225	MRA UPPER EXTREMITY W WO CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Upper Extremity MRA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	73700	CT LOWER EXTREMITY 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73701	CT LOWER EXTREMITY 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; •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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73702	CT LOWER EXTREMITY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73706	CT ANGIOGRAPHY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	73720	MRI LOWER EXTREM OTH THN JT W O AND W CONTR MATR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74170	CT ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	74175	CT ANGIOGRAPHY ABDOMEN W CONTRAST NONCONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Abdomen Pelvic CTA	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74176	CT ABDOMEN AND PELVIS W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74178	CT ABDOMEN AND PELVIS W O CONTRST 1 OR GRT BODY RE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74181	MRI ABDOMEN W O CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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Imaging and Special Tests	Prior to 9/1/2019	74182	MRI ABDOMEN W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74183	MRI ABDOMEN W O AND W CONTRAST MATERIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W O CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W CONTRAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	74712	FETAL MRI W PLACNTL MATRNL PLVC IMG SING 1ST GES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Fetal MRI	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 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	2/23/2022
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 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	76380	CT LIMITED LOCALIZED FOLLOW UP 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	77084	BONE MARROW BLOOD SUPPLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Bone Marrow MRI	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	1/1/2022	77089	Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	1/1/2022	77090	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2022	77091	Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Imaging and Special Tests	1/1/2022	77092	Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	77334	TX DEVICES DESIGN AND CONSTRUCTION COMPLEX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	77385	INTENSITY MODULATED RADIATION TX DLVR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	78206	LIVER IMAGING SPECT W VASCULAR FLOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	4/1/2020	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	4/1/2020	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	4/1/2020	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	4/1/2020	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	4/1/2020	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan Heart (Cardiac)	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	78452	MYOCARDIAL SPECT MULTIPLE STUDIES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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 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: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Nuclear Stress Test	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Brain PET	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Brain PET	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: PET Scan With or Without CT Attenuation	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 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	2/23/2022
Imaging and Special Tests	1/1/2022	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Imaging and Special Tests	1/1/2021	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	1/1/2021	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Imaging and Special Tests	1/1/2021	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 7 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	1/1/2021	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; INCLUDES RECORDING, SCANNING ANALYSIS WITH REPORT, REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	1/1/2021	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; RECORDING (INCLUDES CONNECTION AND INITIAL RECORDING)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	1/1/2021	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; SCANNING ANALYSIS WITH 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Imaging and Special Tests	1/1/2021	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 7 DAYS UP TO 15 DAYS BY CONTINUOUS RHYTHM RECORDING AND STORAGE; REVIEW AND INTERPRETATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8900	MR ANGIOGRAPHY WITH CONTRAST 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST 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 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST ABD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8903	MR IMAGING WITH CONTRAST BREAST; 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8905	MR IMAG W O CONTRST FLWED W CONTRST BRST; 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 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8908	MR IMAG W O CONTRST FLWED W CONTRST BRST; BIL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8909	MR ANGIOGRAPHY WITH 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W CONTRST CHST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8912	MR ANGIOGRAPHY WITH CONTRAST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

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Imaging and Special Tests	Prior to 9/1/2019	C8914	MR ANGIO W O CONTRST FLWED W CONTRST LOW EXTRM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8920	MRA WITHOUT CONTRAST FOLLOWED W CONTRAST PELVIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8931	MR ANGIOGRAPHY W CONTRAST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8932	MR ANGIOGRAPHY W O CONTRST SPINAL CANAL CONTENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8933	MR ANGIO NO CONTRST FLW W CONTRST SP CANAL CNTN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8934	MR ANGIOGRAPHY WITH CONTRAST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	C8936	MR ANGIO W O CONTRST FOLLOWED W CONTRST UP EXT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	Prior to 9/1/2019	C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
Imaging and Special Tests	4/1/2021	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN 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 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	2/23/2022
Imaging and Special Tests	4/1/2021	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH 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 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	2/23/2022
Imaging and Special Tests	10/1/2019	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
Imaging and Special Tests	10/1/2019	G0235	PET IMAGING ANY SITE 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 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	10/1/2019	G0252	PET IMAG INIT DX BREST CA AND SURG PLAN NOT COV MCR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	4/1/2021	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Imaging and Special Tests	Prior to 9/1/2019	S8042	MAGNETIC RESONANCE IMAGING LOW-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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Imaging and Special Tests	4/1/2021	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	97537	COMMUNITY/WORK REINTEGRATION TRAING EA 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5101	DAY CARE SERVICES ADULT; PER HALF DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information. •Documentation outlined in the Star+Plus Waiver Handbook	Texas Medicaid Star Plus Waiver Handbook		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S5165	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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	Prior to 9/1/2019	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	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 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T1001	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Long Term Services and Support: All codes require authorization for payment.	2/1/2022	T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	1/1/2020	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING. WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Ambulatory and Video EEG Monitoring Outpatient Setting	Prior Authorization required in any setting.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95708	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Ambulatory and Video EEG Monitoring Outpatient Setting	Prior Authorization required in any setting.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95709	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Ambulatory and Video EEG Monitoring Outpatient Setting	Prior Authorization required in any setting.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95710	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Ambulatory and Video EEG Monitoring Outpatient Setting	Prior Authorization required in any setting.	2/23/2022

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Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; UNMONITORED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

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Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95718	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OR EEG RECORDING; WITH VIDEO (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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95719	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITHOUT 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 treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95720	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION AND REPORT AFTER EACH 24-HOUR PERIOD; WITH VIDEO (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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95721	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITHOUT 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 treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

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Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95722	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 36 HOURS, UP TO 60 HOURS OF EEG RECORDING, WITH VIDEO (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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95723	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 60 HOURS, UP TO 84 HOURS OF EEG RECORDING, WITHOUT 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 treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95724	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95725	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITHOUT 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 treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	4/1/2020	95726	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY; GREATER THAN 84 HOURS OF EEG RECORDING, WITH VIDEO (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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

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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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96112	DEVELOPMENTAL TST ADMIN PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required for Medicaid/CHIP members age 6 and younger	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required for Medicaid/CHIP members age 6 and younger	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96116	NEUROBEHAVIORAL STATUS XM PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96121	NEUROBEHAVIORAL STATUS XM PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	2/23/2022

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Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96130	PSYCHOLOGICAL TST EVAL SVC PHYS QHP FIRST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96131	PSYCHOLOGICAL TST EVAL SVC PHYS QHP EA ADDL HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96132	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP 1ST HOUR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96133	NEUROPSYCHOLOGICAL TST EVAL PHYS QHP EA ADDL HR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2022

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Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96136	PSYL NRPSYCL TST PHYS QHP 2 PLUS TST 1ST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA required up to 8 hours per calendar year.	2/23/2022
Neuropsychological and Psychological Tests: No PA required up to 8 hours per calendar year.	Prior to 9/1/2019	96137	PSYCL NRPSYCL TST PHYS QHP 2 PLUS TST EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	No PA required up to 8 hours per calendar year.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96138	PSYCL NRPSYCL TST TECH 2 PLUS TST 1ST 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96139	PSYCL NRPSYCL TST TECH 2 PLUS TST EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022
Neuropsychological and Psychological Tests: Prior Authorization required in any setting.	Prior to 9/1/2019	96146	PSYCL NRPSYCL TST ELEC PLATFORM AUTO RESULT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97010	APPLICATION MODALITY 1 OR GRT AREAS HOT COLD PACKS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97012	APPL MODALITY 1 OR GRT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97014	APPL MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97016	APPL MODALITY 1 OR GRT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97018	APPL MODALITY 1 OR GRT 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97022	APPLICATION MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97024	APPLICATION MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97026	APPLICATION MODALITY 1 OR GRT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97028	APPL MODALITY 1 OR GRT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97032	APPL MODALITY 1 OR GRT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97033	APPL MODALITY 1 OR GRT 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97034	APPL MODALITY 1 OR GRT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97035	APPL MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97036	APPL MODALITY 1 OR GRT AREAS HUBBARD TANK 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97127	THERAPEUTIC IVNTJ W FOCUS ON COGNITIVE FUNCTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	4/1/2020	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 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 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 adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	4/1/2020	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary 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 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 adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97532	DEVELOPMENT OF COGNITIVE SKILLS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97537	COMMUNITY WORK REINTEGRATION TRAINJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97542	WHEELCHAIR MGMT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97760	ORTHOTICS MGMT AND TRAINJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Occupational Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97763	ORTHOTICS PROSTH MGMT AND TRAINJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0674T	Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0675T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0676T	Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0677T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first 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 evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0678T	Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0680T	Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0681T	Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0683T	Programming device evaluation (in-person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0684T	Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0685T	Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial 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 evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	10040	ACNE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15730	MIDFACE FLAP W PRESERVATION OF VASCULAR PEDICLES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15733	MUSC MYOQ FSCQ FLAP HEAD AND NECK W NAMED VASC PEDCL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15786	ABRASION 1 LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	15819	CERVICOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	17004	DESTRUCTION PREMALIGNANT LESION 15 OR GRT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20560	Needle insertion(s) without injection(s); 1 or 2 muscle(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	20561	Needle insertion(s) without injection(s); 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21127	AGMNTJ MNDBLR BDY ANGL W GRF ONLAY INTERPOSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21138	RDCTJ FHD CNTRG AND PROSTHETIC MATRL BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21143	RCNSTJ MIDFACE LEFORT I 3 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21151	RCNSTJ MIDFACE LEFORT II W BONE GRAFTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21159	RCNSTJ MIDFACE LEFORT III W FHD W O LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21160	RCNSTJ MIDFACE LEFORT III W FHD W LEFORT I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	21601	Excision of chest wall tumor including rib(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22110	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22112	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22114	PRTL EXC VRT BDY B1Y LES W O SPI CORD 1 SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22222	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM THRC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22224	OSTEOTOMY SPINE W DSKC ANT APPR 1 VRT SGM LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22600	ARTHRODESIS PST PSTLAT CERVICAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22610	ARTHRODESIS POSTERIOR POSTEROLATERAL THORACIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22633	ARTHDSIS POST POSTEROLATRL POSTINTERBODY LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22634	ARTHRODESIS POST/POSTERLATRL/POSTINTRBDYADL SPC/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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22855	REMOVAL ANTERIOR INSTRUMENTATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Disc Replacement		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Disc Replacement		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Disc Replacement		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Disc Replacement		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22868	INSJ STABLJ DEV W DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Interspinous Decompression Devices for Spinal Stenosis.		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	22870	INSJ STABLJ DEV W O DCMPRN LUMBAR SECOND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Interspinous Decompression Devices for Spinal Stenosis.		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23120	CLAVICULECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23125	CLAVICULECTOMY TOTAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23405	TENOTOMY SHOULDER AREA 1 TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23466	CAPSULORRHAPHY GLENOHUMRL JT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23474	REVIS SHOULDER ARTHRPLSTY HUMERAL AND GLENOID COMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	25447	ARTHRP INTERPOS INTERCARPAL METACARPAL JOINTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	26499	CORRECTION CLAW FINGER OTHER METHODS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27120	ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27122	ACETABULOPLASTY RESECTION FEMORAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27125	HEMIARTHROPLASTY HIP PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27130	ARTHRP ACETBLR PROX FEM PROSTC AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27134	REVJ TOT HIP ARTHRP BTH W WO AGRFT ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27138	REVJ TOT HIP ARTHRP FEM ONLY W WO ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27407	REPAIR PRIMARY TORN LIGM and /CAPSULE KNEE CRUCIAT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Autologous Chondrocyte Implantation for Knee Cartilage Lesions		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	27425	LATERAL RETINACULAR RELEASE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	27447	ARTHRP KNE CONDYLE AND PLATU MEDIAL AND LAT COMPARTMENTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28005	INCISION BONE CORTEX FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28008	FASCIOTOMY FOOT AND 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28090	EXC LESION TENDON SHEATH CAPSULE W SYNVCT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28092	EXC LESION TENDON SHEATH CAPSULE W SYNVCT TOE EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28100	EXCISION CURETTAGE CYST TUMOR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28102	EXC CURTG CST B9 TUM TALUS CLCNS W ILIAC 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28103	EXC CURETTAGE CYST TUMOR TALUS CALCANEUS ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28106	EXC CURTG CST B9 TUM TARSAL METAR W ILIAC 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28107	EXC CURTG CST B9 TUM TARSAL METAR W ALGRFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28108	EXC CURTG CST B9 TUM PHALANGES FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28110	OSTECTOMY PRTL 5TH METAR HEAD 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28114	OSTC COMPL ALL METAR HEADS W PRTL PROX PHALANGC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28116	OSTECTOMY TARSAL COALITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28124	PARTICAL EXCISION BONE PHALANX 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28126	RESECTION PARTIAL COMPLETE PHALANGEAL BASE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28130	TALECTOMY ASTRAGALECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28140	METATARSECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28160	HEMIPHALANGECTOMY INTERPHALANGEAL JOINT EXC 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28171	RAD RESCJ TUMOR TARSAL EXCEPT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28173	RADICAL RESECTION TUMOR 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28175	RADICAL RESECTION TUMOR PHALANX OR 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28202	RPR TENDON FLXR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28210	RPR TENDON XTNSR FOOT SEC W FREE GRAFT EA TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28230	TX OPN TENDON FLEXOR FOOT SINGLE MULT TENDON 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28234	TENOTOMY OPEN EXTENSOR FOOT TOE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28238	RCNSTJ PST TIBL TDN W EXC ACCESSORY TARSL NAVCLR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28240	TENOTOMY LENGTHENING RLS ABDUCTOR HALLUCIS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28250	DIVISION PLANTAR FASCIA AND MUSCLE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28261	CAPSULOTOMY MIDFOOT W TENDON LENGTHENING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28262	CAPSUL MIDFOOT W PST TALOTIBL CAPSUL AND TDN LNGTH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28264	CAPSULOTOMY MIDTARSAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28270	CAPSUL MTTARPHLNGL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28280	SYNDACTYLIZATION TOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28286	CORRECTION COCK-UP 5TH TOE W PLASTIC CLOSURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28288	OSTC PRTL EXOSTC CONDYLC METAR 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28297	CORRJ HALLUX VALGUS W SESMDC W 1METAR MEDIAL CNF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28299	CORRJ HALLUX VALGUS W SESMDC W 2 OSTEOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28302	OSTEOTOMY TALUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28306	OSTEOT W WO LNGTH SHRT CORRJ 1ST METAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28310	OSTEOT SHRT CORRJ PROX PHALANX 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28322	RPR NON MALUNION METARSAL W WO BONE GRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28345	RCNSTJ TOE SYNDACTYLY W WO SKIN GRAFT EACH WEB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28360	RECONSTRUCTION CLEFT FOOT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28705	ARTHRODESIS PANTALAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE FB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29875	ARTHROSCOPY KNEE SYNOVECTOMY 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29876	ARTHROSCOPY KNEE SYNOVECTOMY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29884	ARTHROSCOPY KNEE W LYSIS ADHESIONS W WO MANJ SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR AGMNTJ RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W DRLG DFCT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29894	ARTHROSCOPY ANKLE W 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29899	ARTHROSCOPY ANKLE SURGICAL W ANKLE ARTHRODESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	29915	ARTHROSCOPY HIP W ACETABULOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	30540	REPAIR CHOANAL ATRESIA INTRANASAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31257	NASAL SINUS NDSC TOTAL WITH SPHENOIDOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31259	NASAL SINUS NDSC TOT W SPHENDT W SPHEN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31297	NASAL SINUS NDSC SURG W DILATION SPHENOID SINUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31298	NASAL SINUS NDSC W FRONTAL AND SPHEN SINS DILATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Bronchial Thermoplasty		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	31661	BRONCHOSCOPIC THERMOPLASTY 2 OR GRT LOBES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Bronchial Thermoplasty		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	32994	ABLATION THER 1 PLUS PULM TUMORS PERQ CRYOABLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33207	INS NEW RPLC PRM PACEMAKER W TRANSV ELTRD VENTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33208	INS NEW RPLCMT PRM PM W TRANSV ELTRD ATRIAL AND VENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33213	INS PACEMAKER PULSE GEN ONLY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33221	INS PACEMAKER PULSE GEN ONLY W EXIST MULT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33227	REMVL PERM PM PLSE GEN W REPL 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33229	REMVL PERM PM PLS GEN W REPL PLSE GEN MULT LEAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33249	INSJ RPLCMT PERM DFB W TRNSVNS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33263	RMVL IMPLTBL DFB PLSE GEN W RPLCMT PLSE GEN 2 LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33264	RMVL IMPLTBL DFB PLS GEN W RPLCMT PLS GEN MLT LD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33269	Exclusion of left atrial appendage, thoracoscopic, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	33270	INS RPLCMNT PERM SUBQ IMPLTBL DFB W SUBQ ELTRD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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-T HEMODYN MNTR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33975	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	33976	INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36460	TRANSFUSION INTRAUTERINE FETAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	oMolina Clinical Policy: Plasmapheresis for Renal and Nonrenal Indications		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37191	INS INTRVAS VC FILTR W WO VAS ACS VSL SELXN RS AND I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37700	LIG AND DIV LONG SAPH VEIN SAPHFEM JUNCT INTERRUPJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37735	LIGJ AND DIVJ RADICAL STRIP LONG SHORT SAPHENOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37766	STAB PHLEBT VARICOSE VEINS 1 XTR 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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37780	LIGJ AND DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	37785	LIGJ DIVJ AND EXCJ VARICOSE VEIN CLUSTER 1 LEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR AND ACQUISJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
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 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 Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	38573	LAPS W BI TOT PEL LMPHADEC AND OMNTC LYMPH BX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43644	LAPS GSTR RSTCV PX W BYP ROUX-EN-Y LIMB UNDER 150 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 INT RCNSTJ	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43648	LAPS REVISION RMVL GASTRIC NSTIM ELTRD ANTRUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43653	LAPS SURG GASTROSTOMY W O CONSTJ GSTR TUBE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE AND RPLCMT DEVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43845	GASTRIC RSTCV W PRTL GASTRECTOMY 50-100 CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43882	REVISION RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	43888	GSTR RSTCV OPN RMVL AND RPLCMT SUBQ PORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47380	ABLTJ OPN 1 OR GRT LVR TUM RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47381	ABLTJ OPN 1 OR GRT LVR TUM CRYOSURG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47382	ABLTJ 1 OR GRT LVR TUM PRQ RF	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47605	CHOLECYSTECTOMY W CHOLANGIOGRAPHY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	47620	CHOLECSTC EXPL DUX SPHNCTROTOMY SPHNCTROP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Prostatic Urethral Lift or UroLift for BPH		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	52649	LASER ENUCLEATION PROSTATE W MORCELLATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1 MLT NJX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58200	TOT ABD HYST W PARAORTIC AND PELVIC LYMPH NODE SAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58210	RAD ABDL HYSTERECTOMY W BI PELVIC LMPHADENECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 RMVL TUBE OVARY W RPR NTRCL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58275	VAGINAL HYSTERECTOMY W TOT PRTL VAGINECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58280	VAG HYSTER W TOT PRTL VAGINECT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58294	VAGINAL HYSTERECTOMY OVER 250 GM RPR ENTEROCELE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58542	LAPS SUPRACRV HYSTERECT 250 GM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58546	LAPS MYOMECTOMY EXC 5 OR GRT MYOMAS OVER 250 GRAMS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58548	LAPS W RAD HYST W BILAT LMPHADEC 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58661	LAPAROSCOPY W RMVL ADNEXAL STRUCTURES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria	No PA Required with encounter for sterilization done as outpatient. Still requires PA in other settings.	2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58662	LAPS FULG EXC OVARY VISCERA PERITONEAL SURFACE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58700	SALPINGECTOMY COMPLETE PARTIAL UNI BI 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58720	SALPINGO-OOPHORECTOMY COMPL PRTL UNI BI 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58943	OOPHORECTOMY PRTL TOT UNI BI OVARIAN MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58950	RESCJ OVARIAN TUBAL PERITONEAL MALIGNANCY W BSO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58951	RESCJ PRIM PRTL MAL W BSO AND OMNTC TAH AND LMPHAD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58952	RESCJ PRIM PRTL MAL W BSO AND OMNTC RAD DEBULKING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58953	BSO W OMENTECTOMY TAH AND RAD DEBULKING DISSECTION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58954	BSO W OMENTECTOMY TAH DEBULKING W LMPHADECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58956	BSO W TOT OMENTECTOMY AND HYSTERECTOMY MALIGNANC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58957	RESECJ RECUR OVARIAN TUBAL PERITONEAL MALIGNANCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58958	RESECTION RECRT MAL W OMENTECTOMY PEL LMPHADEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	58974	EMBRYO TRANSFER INTRAUTERINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59070	TRANSABDOMINAL AMNIOINFUSION W ULTRSND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59074	FETAL FLUID DRAINAGE W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	59076	FETAL SHUNT PLACEMENT W ULTRASOUND GUIDANCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	61863	STRTCTC IMPLTJ NSTIM ELTRD W O 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62326	NJX DX THER SBST INTRLMNR LMBR SAC W O IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	62327	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63030	LAMNOTMY INCL W DCMPRSN NRV ROOT 1 INTRSPC LUMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63040	LAMOT PRTL FFD 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63090	VCRPEC TRANSPRTL RPR DCMPRN THRC LMBR SAC 1 SEG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	63304	VERTEBRAL CORPECTOMY EXC LES 1 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64569	REVISION REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64570	REMOVAL CRNL NRV NSTIM ELTRDS AND PULSE GENERATO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64595	REVISION RMVL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	64912	NERVE REPAIR W NERVE ALLOGRAFT 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67900	REPAIR BROW PTOSIS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR OTH MATRL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	67950	CANTHOPLASTY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W MASTOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69717	RPLMCT OSSEOINTEGRATE IMPLNT W O MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	69930	COCHLEAR DEVICE IMPLANTATION W WO MASTOIDECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	93229	XTRNL MOBILE CV TELEMETRY W TECHNICAL SUPPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	93581	PRQ TCAT CLSR CGEN VENTR SEPTAL 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Continuous Glucose Monitoring of the Interstitial Fluid		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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 •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96573	PDT DSTR PRMLG LES SKN ILLUM ACTIVJ BY PHYS QHP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W PDT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022

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Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96910	PHOTOCHEMOTX TAR AND UVB PETROLATUM UVB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96922	LASER SKIN DISEASE PSORIASIS OVER 500 SQ CM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Phototherapy and Laser Therapy for Dermatological Conditions		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96931	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 1ST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96932	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQUISITION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96933	RCM CELULR AND SUBCELULR SKN IMGNG I AND R 1ST LES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96934	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ I AND R 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96935	RCM CELULR AND SUBCELULR SKN IMGNG IMG ACQ EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	96936	RCM CELULR AND SUBCELULR SKN IMGNG I AND R EA ADDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	0095T	RMVL TOT DISC ARTHRP ANT APPR CRV 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	0098T	REVJ TOT DISC ARTHRP ANT APPR CRV 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C1825	GEN NEUROSTIM NONRCHRGBL W/CAR SIN BR STIM 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2022	C1831	PERSONALIZED ANTERIOR AND LAT INTERBODY CAGE IMPLANT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9734	FOCUSED U S ABL TX INT OTH THAN UT LEIOMYOMATA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: High Intensity Focused Ultrasound for Prostate Cancer		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY FLUO IMAG AGT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9739	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 1-3 IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Prostatic Urethral Lift or UroLift for BPH.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9740	CYSTURETHRSCPY INSRT TRANSPROSTAT IMPL; 4 OR GRT IMPL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Prostatic Urethral Lift or UroLift for BPH.		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	Prior to 9/1/2019	C9747	ABLATION PROSTATE TRANSRECTAL HIFU INCL I GUID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2020	C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9761	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) AND VACUUM ASPIRATION OF THE KIDNEY, COLLECTING SYSTEM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9764	REV EVAR OPEN/PERQ ANY VESSEL;IV LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9766	REV EVAR ANY VES);IV LITHOTRIPSY AND ATHERECTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9767	REV EVAR ANY VES;IV LITHO and TL STNT PLCMT and ATHERECT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	C9769	CYSTOURETHROSCOPY, WITH INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT WITH FIXATION/ANCHOR AND INCISIONAL STRUTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOL AGENT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9771	NASAL/SINUS ENDO CRYO NSL TISS and / NERVE UNIL/BIL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	4/1/2021	C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information	Third Party Proprietary Criteria		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	10/1/2020	G2170	AVF BY TISSUE W THERMAL E	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	10/1/2020	G2171	AVF USE MAGNETIC/ART/VEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Radioactive Microspheres for Liver Cancer		2/23/2022
Outpatient Hospital and Ambulatory Surgery Center (ASC) Prodedures: All Inpatient Require Authorizaiton	1/1/2021	S2118	METL-ON-METL TOT HIP RESRFC ACETAB AND FEM CMPNT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: iFuse Implant for Sacroiliac Joint Fusion		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 charts, graphs or photographic 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Percutaneous Epidural Adhesiolysis for Chronic Low Back Pain Racz Procedure		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	62321	NJX DX THER SBST INTRLMNR CRV THRC W IMG GDN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	62360	IMPLTJ RPLCMT ITHCL EDRL DRUG NFS SUBQ RSVR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	62361	IMPLTJ RPLCMT FS NON-PRGRBL PUMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	63662	RMVL SPINAL NSTIM ELTRD PLATE PADDLE 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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	63688	REVJ RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Cluneal Nerve Block For Treatment of Low Back Pain		2/23/2022
Pain Management Procedures	4/1/2020	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/23/2022
Pain Management Procedures	4/1/2020	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64483	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC 1 LVL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64484	NJX ANES AND STRD W IMG TFRML EDRL LMBR SAC EA LV	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Epidural Steroid Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64492	NJX DX THER AGT PVRT FACET JT CRV THRC 3 PLUS LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022
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; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64494	NJX DX THER AGT PVRT FACET JT LMBR SAC 2ND LEVEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Diagnostic Injections for Chronic Back Pain		2/23/2022
Pain Management Procedures	4/1/2020	64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Pain Management Procedures	4/1/2020	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Sacroiliac Injections and Radiofrequency Ablation (RFA) for Sacroiliac Joint		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation for chronic back pain.		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL THORA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation for chronic back pain.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation for chronic back pain.		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR SACRAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Radiofrequency Ablation for chronic back pain.		2/23/2022
Pain Management Procedures	Prior to 9/1/2019	64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Third Party Proprietary Criteria		2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97010	APPLICATION MODALITY 1 OR GRT AREAS HOT COLD PACKS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Traditionally non-covered Medicaid Benefit would require authorization for claim payment for case exception.	2/23/2022

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Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97012	APPL MODALITY 1 OR GRT AREAS TRACTION MECHANICAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97014	APPL MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97016	APPL MODALITY 1 OR GRT AREAS VASOPNEUMATIC DEVICES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97018	APPL MODALITY 1 OR GRT 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97022	APPLICATION MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97024	APPLICATION MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97026	APPLICATION MODALITY 1 OR GRT AREAS INFRARED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97028	APPL MODALITY 1 OR GRT AREAS ULTRAVIOLET	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97032	APPL MODALITY 1 OR GRT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97033	APPL MODALITY 1 OR GRT 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

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Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97034	APPL MODALITY 1 OR GRT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97035	APPL MODALITY 1 OR GRT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97036	APPL MODALITY 1 OR GRT AREAS HUBBARD TANK 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

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Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97113	DEVELOPMENTAL TST ADMIN PHYS QHP EA ADDL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97116	THER PX 1 OR GRT AREAS EA 15 MIN GAIT TRAINJ W STAIR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97124	THER PX 1 OR GRT AREAS EACH 15 MINUTES MASSAGE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	4/1/2020	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 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 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 adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	4/1/2020	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary 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 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 adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

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Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy:	Prior to 9/1/2019	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Physical 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97532	DEVELOPMENT OF COGNITIVE SKILLS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97537	COMMUNITY WORK REINTEGRATION TRAINJ 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97542	WHEELCHAIR MGMT 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022

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Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97760	ORTHOTICS MGMT AND TRAINJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Physical Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	Prior to 9/1/2019	97763	ORTHOTICS PROSTH MGMT AND TRAINJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA.	2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L0452	TLSO FLEXIBLE TRUNK SUPP UP THOR REGION CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L0480	TLSO TRIPLANAR 1 PIECE W O INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L0482	TLSO TRIPLANAR 1 PIECE W INTERFCE LINER CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2022
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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual; under exceptional circumstances provision Molina Clinical Policy: Back Braces		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L0622	SACROILIAC ORTHOTIC FLEXIBLE 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L0640	LSO SAGITTAL-CORONAL RIGID SHELL PANEL CUSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1000	CTLSO INCLUSIVE FURNISHING INIT ORTHOS INCL MDL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1110	ADD CTLSO SCOLIOS RING FLNGE 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 history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1640	HIP ORTHOTIC-PELV BAND SPRDR BAR THI CUFFS 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1685	HIP ORTHOS ABDCT CNTRL POSTOP HIP ABDCT CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1700	LEGG PERTHES ORTHOTIC TORONTO 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1710	LEGG PERTHES ORTHOTIC NEWINGTON 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1720	LEGG PERTHES ORTHOTIC TRILAT TACHDIJAN 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1730	LEGG PERTHES ORTHOTIC SCOTTISH RITE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1755	LEGG PERTHES ORTHOTIC PATTEN BOTTOM 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1834	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1840	KO DEROTATION MEDIAL-LATERAL ACL CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1860	KNEE ORTHOS MOD SUPRACONDYLR PROS SOCKT CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1900	AFO SPRNG WIRE DORSIFLX ASST CALF BAND CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1904	ANKLE ORTH ANKLE GAUNTLET SIMILAR 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1907	ANKLE ORTHOSIS SUPRAMALLEOLAR WITH STRAPS CUSTOM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1920	AFO SINGLE UPRT W STATIC ADJUSTBL STOP 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1940	ANK FT ORTHOTIC PLASTIC OTH MATERIAL 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1960	AFO POSTERIOR SOLID ANK 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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L1980	AFO 1 UPRT FREE PLANTR DORSIFLX SOLID STIRUP 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L1990	AFO DBL UPRT PLANTR DORSIFLX 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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L2038	KAFO FULL PLASTIC MX-AXIS ANKLE CUSTOM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L2050	HKAFO TORSION CNTRL BIL TORSION CABLES 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L2060	HKAFO TORSION CNTRL BIL TORSION BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L2080	HKAFO TORSION CNTRL UNI TORSION CABLE 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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L2090	HKAFO UNI TORSION CABLE BALL BEAR CSTM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L2106	AFO FX ORTHOTIC TIB FX CAST THERMOPLSTC CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L2108	AFO FX ORTHOTIC TIB FX CAST ORTHOSIS CSTM FAB	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	10/1/2020	L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	10/1/2020	L5859	ADD LOW EXT PROS KN-SHIN PROG FLX EXT ANY MOTOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

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Prosthetics and Orthotics	Prior to 9/1/2019	L7259	ELECTRONIC WRIST ROTATOR ANY TYPE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	L8692	AUDITORY OSSEOINTEGRATED DEV EXT SOUND BODY WORN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prosthetics and Orthotics	Prior to 9/1/2019	S1040	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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Radiation Therapy and Radio Surgery	Prior to 9/1/2019	81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Speech Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	Prior to 9/1/2019	92507	TX SPEECH LANG VOICE COMMJ AND AUDITORY PROC IND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	2/23/2022
Speech Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	2/23/2022
Speech Therapy: For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	For adults 21 and over, no PA required for the initial 60 days from start of care. Recertifications require PA. For ages 20 and under, no PA required for the initial eval and first 24 visits. Additional visits require PA	2/23/2022

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Speech Therapy:	Prior to 9/1/2019	S9152	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Multivisceral Transplantation; Pancreas Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Multivisceral Transplantation; Pancreas Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	4/1/2020	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; 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 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; Pancreas Transplantation		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2020	32853	LUNG TRANSPLANT 2 W O CARDIOPULMONARY BYPASS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Lung Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32854	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	32855	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	32856	SURGICAL PROCEDURES OF THE LUNG AND PLEURA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33929	Surgical Procedures on the Heart and Pericardium, Heart/Lung Transplantation Procedures	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Lung Transplantation and Heart Transplant		2/23/2022
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 evaluations from other health care 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: Lung Transplantation and Heart Transplant		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33933	DONOR CARDIECTOMY - INCLUDING COLD PRESERVATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Lung Transplantation and Heart Transplant		2/23/2022

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Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	10/1/2019	33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Lung Transplantation and Heart Transplant		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Heart Transplant		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Heart Transplant		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Heart Transplant		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2021	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022
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 TRNSPLJ 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022

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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	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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 Policies: Hematopoietic Stem Cell Transplantation Aplastic, Hematopoietic Stem Cell Transplantation Ewing's Sarcoma Anemia, Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia, Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia, Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL), Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML), Hematopoietic Stem Cell Transplantation for Germ Cell Tumors, Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders, Hematopoietic Stem Cell Transplantation for MPS, Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS), Hematopoietic Stem Cell Transplantation for Neuroblastoma, Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis, Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia, Hematopoietic Stem Cell Transplantation for Wilm's Tumor, Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma, Hematopoietic Stem Cell Transplantation Multiple Myeloma, Pretransplant Evaluation, Donor Lymphocyte Infusion		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44715	BKBENCH PREP CADAVER LIVING DONOR INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	44721	BKBENCH RCNSTJ INT ALGRFT 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47133	DONOR HEPATECTOMY CADAVER DONOR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I AND IV VII	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I AND V VI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022
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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022

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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	48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50300	DONOR NEPHRECTOMY CADAVER DONOR UNI BILATERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022

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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	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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		2/23/2022
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 URETERAL 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 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		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022

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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	50360	RENAL ALTRNSPLI 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50365	RENAL ALTRNSPLI 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50370	RMVL TRNSPLED RENAL ALLOGRAFT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Renal Autotransplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0537T	CAR-T THERAPY HRVG BLD DRV T LMPHCYT PR DAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022

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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	0538T	CAR-T THERAPY PREPJ BLD DRV T LMPHCYT F TRNS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0539T	CAR-T THERAPY RECEIPT AND PREP CAR-T CELLS F ADMN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	0540T	CAR-T THERAPY AUTOLOGOUS CELL ADMINISTRATION	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	1/1/2022	C9081	IDECABTAG VICLEUC LT OR EQUAL TO 460MIL BCMA CAR PLUS TCEL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Abecma (idecabtagene vicleucel; ide-cel)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022

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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	Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Kymriah (tisagenlecleucel) Chimeric Antigen Receptor T cell Therapy; Kymriah (Tisagenlecleucel) (CAR-T Cell Therapy); Yescarta Chimeric Antigen Receptor T cell Therapy; Yescarta (axicabtagene ciloleucel) (Car-T-cell)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	Q2043	SIPULEUCEL-T AUTO CD54 PLUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Provenge (Sipuleucel-T)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	7/1/2021	Q2053	BREXUCABTAGENE CAR POST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Medically Necessary Services		2/23/2022
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 AUTOL ANTI-CD19 CAR-POS VIABL T	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Breyanzi (lisocabtagene maraleucel; liso-cel)		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2053	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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 Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Small Bowel Transplantation, Small Bowel and Liver Transplantation and Multivisceral Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2060	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 evaluations from other health care 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: Lung Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2061	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Lung Transplantation		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2065	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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; Pancreas Transplantation Procedures (Pancreas Alone, Simultaneous Pancreas and Kidney, Pancreas after Kidney and Pancreatic Islet Cell and Retransplantation)		2/23/2022

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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	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; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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 evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/23/2022
Transplants/Gene Therapy: (Including Solid Organ and Bone Marrow) Corneal Transplants Do Not Require Prior Authorization.	Prior to 9/1/2019	S2150	BN MARROW BLD DERIVD STEM CELLS HARV TPLNT AND COMP;	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Molina Clinical Policy: Hematopoietic Stem Cell Transplantation for Acute Myelogenous Leukemia; Hematopoietic Stem Cell Transplantation Ewing's Sarcoma; Hematopoietic Stem Cell Transplantation for Acute Lymphoblastic Leukemia; Hematopoietic Stem Cell Transplantation for Chronic Lymphoblastic Leukemia (CLL); Hematopoietic Stem Cell Transplantation for Chronic Myelogenous Leukemia (CML); Hematopoietic Stem Cell Transplantation for Immunodeficiency Disorders; Hematopoietic Stem Cell Transplantation for MPS; Hematopoietic Stem Cell Transplantation for Myelodysplastic Syndromes (MDS); Hematopoietic Stem Cell Transplantation for Neuroblastoma; Hematopoietic Stem Cell Transplantation for Primary Myelofibrosis; Hematopoietic Stem Cell Transplantation for Sickle Cell Anemia; Hematopoietic Stem Cell Transplantation Hodgkins and NonHodgkins Lymphoma; Hematopoietic Stem Cell Transplantation Multiple Myeloma, Donor Lymphocyte Infusion		2/23/2022

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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	S2152	SOLID ORGAN; TRANSPLANTATION AND RELATED COMP	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: Transplantation, Pancreas Transplant Procedures ,Small Bowel Multivisceral Transplantation, Heart Transplantation, and Kidney Transplantation		2/23/2022
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization.	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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Emergency transport does not require prior authorization.	Prior to 9/1/2019	A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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.	Prior to 9/1/2019	A0431	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Transportation Services: Prior Authorization is required for Non-Emergent Ambulance transportation services. Accessory codes not listed require approval of base BLS/ALS transport for claims payment. Emergency transport does not require prior authorization.	Prior to 9/1/2019	S9960	AMB SERVICE AIR NONEMERGENCY 1 WAY FIXED WING	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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		2/23/2022
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.	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 charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	Prescribed Pediatric Extended Care Center (PPECC) Benefit	2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2022	0708T	Intradermal cancer immunotherapy; preparation and initial 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 evaluations from other health care 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.		2/23/2022
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 immunotherapy; each additional injection (List separately in addition to code for primary 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 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	01999	UNLISTED ANESTHESIA 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 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.		2/23/2022
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	15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 MEMBRANE 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	19499	UNLISTED PROCEDURE BREAST	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
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	20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	21499	UNLISTED MUSCULOSKELETAL PROCEDURE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	21899	UNLISTED PROCEDURE NECK THORAX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	22899	UNLISTED PROCEDURE SPINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	24999	UNLISTED PROCEDURE HUMERUS ELBOW	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	25999	UNLISTED PROCEDURE FOREARM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	27599	UNLISTED PROCEDURE FEMUR KNEE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
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	27899	UNLISTED PROCEDURE LEG ANKLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	28899	UNLISTED PROCEDURE FOOT TOES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	30999	UNLISTED PROCEDURE NOSE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	31599	UNLISTED PROCEDURE LARYNX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	31899	UNLISTED PROCEDURE TRACHEA 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	32999	UNLISTED PROCEDURE LUNGS 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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	33999	UNLISTED CARDIAC 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 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.		2/23/2022
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	36299	UNLISTED PROCEDURE VASCULAR 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 evaluations from other health care 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.		2/23/2022
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 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.		2/23/2022
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 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.		2/23/2022
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 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	39599	UNLISTED PROCEDURE DIAPHRAGM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	40899	UNLISTED PROCEDURE VESTIBULE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	42299	UNLISTED PROCEDURE PALATE UVULA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	42699	UNLISTED PX SALIVARY GLANDS DUCTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	42999	UNLISTED PROCEDURE PHARYNX ADENOIDS TONSILS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	43289	UNLISTED LAPAROSCOPIC 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 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.		2/23/2022
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 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 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.		2/23/2022
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	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	44799	UNLISTED PROCEDURE SMALL INTESTINE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	44899	UNLISTED PX MECKEL'S DIVERTICULUM AND MESENTERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 evaluations from other health care 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.		2/23/2022
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	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	45999	UNLISTED PROCEDURE RECTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	46999	UNLISTED PROCEDURE ANUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	47399	UNLISTED PROCEDURE LIVER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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 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.		2/23/2022
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	48999	UNLISTED PROCEDURE PANCREAS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM AND OMENTUM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	53899	UNLISTED PROCEDURE URINARY 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 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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 PROCEDURE SPERMATIC CORD	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT OVARY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	59897	UNLISTED FETAL INVASIVE PX W ULTRASOUND	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	59899	UNLISTED PROCEDURE MATERNITY CARE AND DELIVERY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	60659	UNLISTED LAPAROSCOPY 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 treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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 treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	67599	UNLISTED PROCEDURE ORBIT	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	67999	UNLISTED PROCEDURE EYELIDS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	68399	UNLISTED PROCEDURE CONJUNCTIVA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	69399	UNLISTED PROCEDURE EXTERNAL EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	69799	UNLISTED PROCEDURE MIDDLE EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	69949	UNLISTED PROCEDURE INNER EAR	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	76496	UNLISTED FLUOROSCOPIC 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 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.		2/23/2022
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	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC 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 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.		2/23/2022

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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	76999	UNLISTED US 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 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.	For advanced imaging authorization requests - you may submit a request by fax at 877-731-7218 or in the portal	2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78099	UNLISTED ENDOCRINE 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78199	UNLIS HEMATOP RET ENDO AND LYMPHATIC DX NUC MED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78299	UNLISTED GASTROINTESTINAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	78399	UNLISTED MUSCULOSKELETAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78599	UNLISTED RESPIRATORY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78699	UNLISTED NERVOUS SYSTEM 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78799	UNLISTED GENITOURINARY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	78999	UNLISTED MISCELLANEOUS 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	79999	RP THERAPY UNLISTED 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 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.		2/23/2022
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	80299	QUANTITATION DRUG NOT ELSEWHERE 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 evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2022
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	81099	UNLISTED URINALYSIS 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 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.		2/23/2022
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	85999	UNLISTED HEMATOLOGY AND COAGULATION 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 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.		2/23/2022
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	86486	SKIN TEST UNLISTED ANTIGEN 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 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.		2/23/2022

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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	86849	UNLISTED IMMUNOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	86999	UNLISTED TRANSFUSION MEDICINE 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 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 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.		2/23/2022
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 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	87999	UNLISTED MICROBIOLOGY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	88099	UNLISTED NECROPSY 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 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.		2/23/2022
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	88199	UNLISTED CYTOPATHOLOGY 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 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.		2/23/2022
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 psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	88749	UNLISTED IN VIVO LABORTORY SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
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	89240	UNLIS MISC PATH	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	89398	UNLISTED REPRODUCTIVE MEDICINE LAB 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 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.		2/23/2022
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	90399	UNLISTED IMMUNE GLOBULIN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	90749	UNLISTED VACCINE TOXOID	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	90899	UNLISTED PSYCHIATRIC 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 evaluations from other health care 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.		2/23/2022
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	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY 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 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.		2/23/2022
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	92499	UNLISTED OPHTHALMOLOGICAL 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 evaluations from other health care 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.		2/23/2022
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	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	93799	UNLISTED CARDIOVASCULAR SERVICE PROCEDURE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	94799	UNLISTED PULMONARY 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 evaluations from other health care 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.		2/23/2022
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	95199	UNLISTED ALLERGY CLINICAL IMMUNOLOGIC SRVC 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	96379	UNLISTED THERAPEUTIC PROPH DX IV IA NJX NFS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE PROCED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	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 the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	97799	UNLISTED PHYSICAL MEDICINE REHAB SERVICE PROC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	99199	UNLISTED SPECIAL SERVICE PROCEDURE 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 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.		2/23/2022
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	99202	OFFICE/OUTPATIENT NEW SF MDM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99203	OFFICE/OUTPATIENT NEW LOW ME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99204	OFFICE/OUTPATIENT NEW MODER/	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99205	OFFICE/OUTPATIENT NEW HIGH ME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99211	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99212	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99213	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99214	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99215	OFFICE/OUTPATIENT ESTABLISHED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99217	OBSERVATION CARE DISCHARGE 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99218	INITIAL OBSERVATION CARE/DAY 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99219	INITIAL OBSERVATION CARE/DAY 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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99220	INITIAL OBSERVATION CARE/DAY 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; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99221	INITIAL HOSPITAL CARE/DAY 30 MI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99222	INITIAL HOSPITAL CARE/DAY 50 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 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99223	INITIAL HOSPITAL CARE/DAY 70 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 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99224	SBSQ OBSERVATION CARE/DAY 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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99225	SBSQ OBSERVATION CARE/DAY 25 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99226	SBSQ OBSERVATION CARE/DAY 35 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99231	SBSQ HOSPITAL CARE/DAY 15 MINU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99232	SBSQ HOSPITAL CARE/DAY 25 MINU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99233	SBSQ HOSPITAL CARE/DAY 35 MINU	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99234	OBSERVATION/INPATIENT HOSPITA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99235	OBSERVATION/INPATIENT HOSPITA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99236	OBSERVATION/INPATIENT HOSPITA	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99238	HOSPITAL DISCHARGE DAY MANAG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99239	HOSPITAL DISCHARGE DAY MANAG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99251	INITIAL INPATIENT CONSULT NEW/I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99252	INITIAL INPATIENT CONSULT NEW/I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99253	INITIAL INPATIENT CONSULT NEW/I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99254	INITIAL INPATIENT CONSULT NEW/I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99255	INITIAL INPATIENT CONSULT NEW/I	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99281	EMERGENCY DEPARTMENT VISIT LI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99282	EMERGENCY DEPARTMENT VISIT LO	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99283	EMERGENCY DEPARTMENT VISIT 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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99284	EMERGENCY DEPARTMENT VISIT HI	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99285	EMERGENCY DEPT VISIT HIGH SEVE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99288	PHYS/QHP DIRECTION EMERGENCY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99291	CRITICAL CARE ILL/INJURED PATIEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022

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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.	7/1/2022	99292	CRITICAL CARE ILL/INJURED PATIEN	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
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	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.	CODE REQUIRE PA ONLY WHEN: PROVIDER IS NON PAR and it is not in one of the following POS: 21, 22, 23, 31, 32, 33, 51, 52, 61.	8/31/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
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	A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2022
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	A6261	WOUND FILLER GEL PASTE PER FL OZ NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		8/31/2022
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	A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	5/20/2020	A9900	DME SUP ACCESS SRV-COMPON OTH HCPCS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	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 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.		2/23/2022
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	B9999	NOC FOR PARENTERAL 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 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.		2/23/2022
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.	7/1/2021	C1849	SKIN SUBSTITUTE SYNTHETIC RESORBABLE 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.		2/23/2022
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	C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E0770	FES TRANSQ STIM NERV AND MUSC GRP CMPL SYS NOS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	E1699	DIALYSIS EQUIPMENT 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 evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2022
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	G0501	RESOURCE-INT SRVC PT SPZ M-ASST TECH MED NEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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. 9/1/2022:Children and Pregnant Women (CPW) - will follow the Texas Medicaid Provider Procedure Manual.	CPW: PA Required after initial 5 visits/units.	8/31/2022
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 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.		2/23/2022
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 SOLUTION ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 RX ADMINED THRU DME	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 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.	Bevacizumab when billed for intraocular injection does not require a PA	2/23/2022

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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	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 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.		2/23/2022
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 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.		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L1499	SPINAL ORTHOTIC NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	Prior to 9/1/2019	L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care practitioners and providers; •Pertinent charts, graphs or photographic information, as appropriate; •Rehabilitation evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
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	L8698	MISC COMP SPL ACCESS FOR USE WITH TOT AH 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 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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: MyoPro Orthosis (Myomo, Inc.) for Upper Extremity Paralysis/Paresis		2/23/2022

Service Category Notes	Effective Date	Code	Definition	Documentation Requirement	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	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 evaluations from other health care 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: MyoPro Orthosis (Myomo, Inc.) for Upper Extremity Paralysis/Paresis		2/23/2022
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.	4/1/2020	P9099	Blood component or product 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 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.		2/23/2022
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	P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	Q0507	MISC SUPPLY OR ACCESSORY USE WITH EXTERNAL 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	Q0509	MISC SPL ACSS IMPL VAD NO PAYMENT MEDICARE PRT 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 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.		2/23/2022
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	Q2039	INFLUENZA VIRUS VACCINE 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 evaluations; •Information regarding the local delivery system; and •Patient characteristics and information.	Additional information is required to define this code and determine criteria.		2/23/2022
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	Q4050	CAST SUPPLIES UNLISTED TYPES AND MATERIALS OF CASTS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	Q4051	SPLINT SUPPLIES 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 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.		2/23/2022

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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	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	S8189	TRACHEOSTOMY SUPPLY 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 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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.	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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 evaluations from other health care 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.		2/23/2022
Unlisted/Miscellaneous codes: Molina requires Prior Authorization, as well as medical necessity documentation and rationale be submitted with the prior authorization request for all Unlisted/Miscellaneous codes including those not listed herein.	1/1/2021	T2047	HABILITATION, PREVOCATIONAL, WAIVER; PER 15 MINUTES	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	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 evaluations from other health care 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.		2/23/2022
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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022

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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	V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC 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; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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	V2797	VISN SPL ACSS AND SRVC CMPNT ANOTHER HCPCS CODE	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; •History of the presenting problem •Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022
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 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.		2/23/2022
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 diagnostic testing results, operative and/or pathological reports; •Treatment plan and progress notes; •Pertinent psychosocial history; •Information and consultations with the treating practitioner; •Pertinent evaluations from other health care 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.		2/23/2022