MOLINA

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

MOLINA HEALTHCARE				pationt Brag connect		
HEALINCARE			Novomber 1, 2022			
Please contact Molina at 2 Information that indicates FOR ANY PA CHANGES DU Most Non-Participating Pr Prior authorization except + Hospital Emergency Dep • Evaluation and Managee • Local Health Departmen • Other services based on	1-855-322-4080 if you n s certain items or servic JE TO REGULATORY GUI roviders with the excep tions for Non-Participat partment Services; ment services associate tt (LHD) services State requirements	eed more information about the es do not require authorization i DANCE RELATED TO COVID 19 – tion of some facility based profe ing Offices/Providers/Facilities: ed with inpatient, ER visits and ol	sing press Ctri F on your keyboard. Third-Party Proprietary Criteria referenced in this document or if information is needen in this Prior Authorization (PA) Code Matrix document is only applicable for Participatin PLEASE SEE PROVIDER NOTIFICATIONS AND MOST CURRENT INFORMATION ON THE PR sional services, receipt of ALL services or items from a non-contracted provider in all pl aservation stays; in Place of Service Code 19, 21, 22, 23 or 24 (except dental anesthesia for STAR children	g Providers. OVIDER PORTAL laces of service require approval.		
The codes below are for C Some services listed may	Dut-Patient services only not be covered by Med der Procedures Manual ot required for the follo Participating or Non-Pa ting Providers.	y icaid. CMS or your local State Re I for the most up to date plan be owing:	spital, Neonatal Intesive Care Unit (NICU), Skilled Nursing Facilities (SNF), Rehabilitation gulatory Agency determines many of the plan benefits. The absence of a code from this nefit information.		efit. Refer to the Texas Me	dicaid Fee Schedule
		ment. The plan retains the right t	o review benefit limitations and exclusions, beneficiary eligibility on the date of the ser	vice, correct coding, billing practices and whether	the service was provided i	n the most
	n please contact Molina	Healthcare 1-855-322-4080.				
Molina covers limited gen			ies, subject to Prior Authorization.	utherization Code Matri		
	<u></u>		vioral Health and Medical Services Prior Au		X	
		<u>Texas Me</u>	dicaid Provider Procedure Manual Outpat	tient Drug Services		
			Pharmacy Services Screening Criteria	Link		
Obtaining authorizatio			make benefit coverage determinations. Please review the Texas Medicaid I the right to review benefit limitations and exclusions, beneficiary eligibility o			har tha carulaa waa
Obtaining authorizatio	on does not guarante	e payment. The plan retains	provided in the most appropriate and cost-effective setting of ca		ing practices and when	ter the service was
factors such as specific	medical condition o	or type of provider requesting	eneral in nature and is not intended to be relied upon in making medical decis g the service. Each patient will have unique medical conditions, submitted by ove or deny a requested service. Please contact Molina or your doctor to get i	his/her physician in a particularized manner	, that will factor into do	ocuments required,
Effective Date	Code	Definition	Documentation Requirement	Criteria Utilized	Notes	Date of Annual Review
Prior to 9/1/2019	90281	IMMUNE GLOBULIN IG HUMAN IM USE	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Cinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pay-hosocial history; -Pertinent expland and organism socies; -Pertinent expland consultations with the treating practitioner; -Pertinent exaluations from other health care practitioner; -Pertinent exaluations mother health care practitioner; -Pertinent exaluations (see the addition explanding); -Pertinent exaluations (see the addition explanding); -Pertinent exaluations; -Pertinent exaluations; -Pertinent exaluation; -Pertinent charts, graphs or pholographic information, as appropriate; -Pertinent exaluation; -P	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	Information generally required to support authorization decision making includes, but not limited to: +Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem	Texas Medicaid Provider Procedure Manual		2/23/2022

hespital records; +tistory of the presenting problem +clinical exam; +reitment glanoatic testing results, operative and/or pathological reports; -irreatment plan and progress notes; +aformation and consultations with the treating practitioner; +aformation and consultations with the treating practitioner; +aformation and consultations from other health care practitioners and providers; +artiment evaluations from other health care practitioners and providers; +artiment chards, graphs or pholographic information, as appropriate; +aformation regulating the local delayer system; and +foldered to the sectoristics and information. 6/1/2022 Texas Medicaid Provider Procesure Manual 8/31/2022 ode with Age and/or lagnosis Requirement 90291 4/1/2020 90371 Hepatitis B immune globulin (HBlg), human, for intramusculi Texas Medicaid Provider Procedure Manual 2/23/2022 Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and •Current (up to 6 months), adequat hospital records; •History of the presenting problem •Clinical exam; loopital records: History of the presenting problem e-filicities of the presenting p Prior to 9/1/2019 RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E 90378 Texas Medicaid Provider Procedure Manual 2/23/2022 10/1/2019 Reviewed by Pharmacy Department: Requests shoul be faxed to: 888-487-9251 A9274 EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA Texas Medicaid Provider Procedure Manual 2/23/2022 *Patient Orlaracteristics and information. (XDs MD4 5: Element Order 1. Beeneficiary's name 2. A description of the term of DME ordered-the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number 3. Signature of the prescribing physician/practitioner 4. Prescribing physical/practitioner's National Practitioner Identifier (NPI) 5. The date of the order

Prior to 9/1/2019	A9542	INDIUM IN-111 IBRTUMOMAB TIUXETAN DX TO 5 MCI	Information generally required to support authorization decision making includes, but not limited to: Current (up to for month), adequate patient history related to the requested services such as: office and hospital records; +listory of the presenting problem Clinical exam; +Pertnent planagnostic testing results, operative and/or pathological reports; +reatment planagnostic testing results, operative and/or pathological reports; +Instantion and progress notes; +Pertnent planation sith the treating practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as appropriate; +Rehabilitation results and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	A9604	Samarium sm-153 lexiforoam, therapeutic, per treatment dose, up to 150 millicuries	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	A9606	Radium ra-223 dichloride, therapeutic, per microcurie	Information generally required to support authorization decision making includes, but not limited to: current (up to for monthy), adequate patient history related to the requested services such as: office and hospital records; visitory of the presenting problem Clinical exam; Pertinent planaposits testing results, operative and/or pathological reports; *freatment plan and progress notes; *formation and consultations with the treating practitioner; *fertinent charts, graphs or photographic information, as appropriate; *Retabilitation requireduations; *information regarding the local delivery system; and *attent durates; 	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	84105	IN-UINE CART CTO DIG ENZYME ENTERAL FEEDING EA	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +tistory of the presenting problem Clinical exam; +Pertinent planagionstic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent planation from other health care practitioner; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent chars, graphs or photographic information, as exhemblication required instance. +Information required instance. +Information required instance. +Information required instance. +Information required instance. +Information required instance. +Information.</current>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C8035	INUECTION ARIPIPRAZOLE LAUROXIL 1 MG	Information generally required to support authorization decision making includes, but not limited to: current (up to for monthy), adequate patient history related to the requested services such as: office and hospital records; visitory of the presenting problem <include auxn;<="" p=""> Pertinent glangnost: testing results, operative and/or pathological reports; *restment plan and progress notes; *reintent glangnosts: testing results, operative and/or pathological reports; *reintent plan and progress notes; *ertinent chards, graphs or photographic information, as appropriate; *etendent chards, graphs or photographic information; *etendent chards, graphs or photographic information; *etendent chards, graphs; *etendent cha</include>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	C3036	INJECTION PATISIRAN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: <pre>-Kurrent</pre> (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem <pre>Chincal exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic so with the treating practitione;; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information; +Pertinent charts, graphs or photographic information; +Pertinent charts, graphs or photographic;</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	C9094	Sutimlimab-jome (Enjaymo)		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
8/1/2022	C9095	Tebentafusp-tebn (Kimmtrak)		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
Prior to 9/1/2019	C3293		Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td>Diagnosis Requirement</td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
Prior to 9/1/2019	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +tistory of the presenting problem Clinical exam; +Pertinent planagionstic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent planation from other health care practitioner; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent chars, graphs or photographic information, as exhemblication required instance. +Information required instance. +Information required instance. +Information required instance. +Information required instance. +Information required instance. +Information.</current>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0123	INECTION OMADACYCUINE 1 MG	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual		2/23/2022

4/1/2020	J0122	Injection, eravacycline, 1 mg	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; +History of the presenting problem			
			•Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information.			
Prior to 9/1/2019	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			 Pertinent psychosocial history; Information and consultations with the treating practitioner; 			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information.			
Prior to 9/1/2019	J0135	INJECTION ADALIMUMAB 20 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; +listory of the presenting problem			
			•Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			 Pertinent psychosocial history; Information and consultations with the treating practitioner; 			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations;			
			 Information regarding the local delivery system; and Patient characteristics and information. 			
7/1/2022	J0172	Aducanumabavwa (Aduhelm)	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		8/31/2022
			hospital records;			
			History of the presenting problem Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	J0179	Brolucizumab-DBLL (Beovu)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2021	J0180	Agalsidase beta	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	blagnosis Requirement	8/31/2022
			 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 			
			 History of the presenting problem Clinical exam; 			
			 Pertinent diagnostic testing results, operative and/or pathological reports; 			
			Treatment plan and progress peters			
			•Treatment plan and progress notes; •Pertinent psychosocial history;			
			 Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			ePertinent psychoacial history; enformation and consultations with the treating practitioner; ePertinent evaluations from other health care practitioners and providers; ePertinent chars; graphs or photographic information, as appropriate; effektualitation evaluations; enformation regarding the local delivery system; and			
Prior to 9/1/2019	10205	INJECTION ALGLUCERASE PER 10	-Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent evaluations from other health care practitioners and providers; -Pertinent chars; regishic or photographic information, as appropriate; -Rehabilitation evaluations; Information generality the local delivery system; and +Pattern than-acteristics and information -Pattern than-acteristics -Patte	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	10205	INJECTION ALGLUCERASE PER 10 UNITS	Perfinent psychoscial history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioner; Information agreeding the local delivery system; and Perfinent chars; Information greeneily required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and historia to such as a sufficient of the support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and historia tables.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0205		Pertinent psychoscial history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioners and providers; Information and graphic or photographic information, as appropriate; Information cregariling the local delivery system; and Patient characteristics and information Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision making includes, but not limited to: Information generally required to support authorization decision generally decision generally decision generally decision generally decision generally decision generally decision g	Texas Medicaid Provider Procedure Manual		2/23/2022
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Prior to 9/1/2019	30205		Pertinent psychosocial history; Information and consultations with the treating practitioner; Information and consultations with the treating practitioners and providers; Pertinent evaluations from other health care practitioners and providers; Pertinent chars; graphic or photographic information, as appropriate; Pertinent chars; graphic or photographic information, as appropriate; Patient: characteristics and information Information generally required to support authorization decision making includes, but not limited to: Pertinent characteristics and information Information generally required to support authorization decision making includes, but not limited to: Pertinent characteristics and information Information generally required to support authorization decision making includes, but not limited to: Pertinent characteristics and information Information generally required to support authorization decision making includes, but not limited to: Pertinent characteristics and information Information generally requires that thistory related to the requested services such as: office and hospital records; Pertinent characteristics problem Clinical exam; Pertinent plan and progress notes; Pertinent plan and progress; Pertinent plan and progress notes; Pertin	Texas Medicaid Provider Procedure Manual		2/23/2022
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		UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation are available on their health care practitioners and providers; Performation are available on their health care practitioners and providers; Performation are available to support authorization decision making includes, but not limited to: Performation are performed to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Performation generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Performation agreemating provides of the support authorization decision making includes, but not limited to: Performent diagnostic testing results, operative and/or pathological reports; Performent cale, regulate to support authorization decision making includes, but not limited to: Performent cale, regulate to support authorization decision making includes, but not limited to: Performent chars; Performent cale, regulate to support authorization decision making includes, but not limited to: Performent cale, regulate to support authorization decision making includes, but not limited to: Performent diagnostic testing required to support authorization decision making includes, but not limited to: Performent diagnostic testing required to support authorization decision making includes, but not limited to: Performent diagnostic testing results, operative and/or pathological reports; Performent diagnostic testing result			
6/1/2022	10219	UNITS	 Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent chars; graphs or photographic information, as appropriate; Refailation evaluations; Information granefit regulated delivery system; and Patternient chars; Information granefit regulated to support authorization decision making includes, but not limited to: Current (up to 6 month); adequate patient history related to the requested services such as: office and hospital record; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent operboacial history; Information generalizing provides; Pertinent evaluations; Information generalizing provides; Pertinent evaluations; Information generalizing results, operative and/or pathological reports; Pertinent evaluations; Information agreesing and progress notes; Pertinent evaluations; Information agreesing results, operative and/or pathological reports; Information agreesing regulated to support authorization decision making includes, but not limited to: Current (up to 6 month); adequate patient history related to the requested services such as: office and hospital record; Information generalizing results, operative and/or pathological reports; Information agreesing regulated to support authorization decision making includes, but not limited to: Current (up to 6 month); adequate patient history related to the requested services such as: office and hospital record; Information agreesing regulated to support authorization decision making includes, but not limited to: Pertinent chark; registrie of hotographic information.	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Pertinent psychosocial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Pertinent evaluation; Per	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Performation agriculture provides is and provides; Performation and consultations with the treating practitioner; Performatic evaluations from other health care practicioners and provides; Performatic hard; reginice of bedgeport authorization decision making includes, but not limited to: Performatic hard; reginice to be provides is a structure of the structure of the structure of the provides is a structure of the structu	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performatic evaluations from other health care practitioners and providers; Performatic hard; registre of hotographic information, as appropriate; Performatic hard; registre of hotographic information or generality registres to another health care practitioners Performatic hard; registre of hotographic information or generality registres to apport authorization decision making includes, but not limited to: Performatic hard; registres to apport authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; Performation generality reguints to apport authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; Performent diagnotic testing results, operative and/or pathological reports; Performent availations from other health care practitioner; "Hotomation generality required to support authorization decision making includes, but not limited to: "Current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; "Hotomation generality required to support authorization decision making includes, but not limited to: "Current (up to 6 monthy), adequate patient history related to the reques	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Performation agriculture provides: Performation agriculture provides: Performation agriculture transmission of the health care practitioners and provides; Performatic harks, regisher or photographic information, as appropriate; Performatic harks, regisher or photographic information Performatic harks, regisher or photographic information Performatic harks, regisher or photographic advectation decision making includes, but not limited to: Performatic harks, registry and because advectation Performatic harks, registry and because advectation Performatic harks, registry advectation decision making includes, but not limited to: Performation generating reguined to support authorization decision making includes, but not limited to: Performatic diagnostic testing results, operative and/or pathological reports; Performatic diagnostic testing results, operative and/or pathological reports; Performent evaluations from other health care practitioner; Performent evaluations from other health care practitioner; Performent evaluations from other health care practitioner; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners Performent evaluations from other health care practitioners Performent evaluations Performent evaluating reguired to support aution/ration decision making includes, b	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	Performation approximation of the reading practitioner; Performation and consultations with the treating practitioner; Performatic evaluations from other health care practitioners and providers; Performatic hard; registre of hotographic information or appropriate; Performatic hard; registre of hotographic information Partitioner chard; registre of botographic information Performatic hard; registre of botographic information Performatic hard; registre of botographic information Partitioner chard; Performatic hard; registre of buognet authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Performatic diagnotic testing results, operative and/or pathological reports; Performent calana organics mosts; Performent evaluations from other health care practitioner; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners and providers; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners; Performent evaluations; Performent evaluations from other health care practitioners; Performent evaluations; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners; Performent evaluations from other healt	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg NUECTION ALGLUCOSIDASE ALFA 1	 Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care partitioners and providers; Pertinent evaluations; Information and evaluations; Information and evaluations; Information and evaluations; Patient characteristics and information Patient characteristics and information Information greening required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Pertinent diagnotic testing results, operative and/or pathological reports; Pertinent adaptotic testing results, operative and/or pathological reports; Pertinent evaluations from other health care partitioner; Pertinent evaluations from other health care partitioner; Pertinent evaluations in other health care partitioners; Pertinent evaluations; Information greening results, operative and/or pathological reports; Pertinent evaluations; Information greening results, operative and/or pathological reports; Pertinent evaluations; Information greening results, operative and/or pathological reports; Pertinent evaluation; Information greening required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Pertinent diagnotic testing problemic (Clinical earn; Pertinent evaluat	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	10219	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Pertinent psychoscial history; Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent evaluations; Information granefity reliable delivery system; and Partinent chars; Information granefity regulated to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent evaluations from other health care practitioners; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent evaluations; Information generating results, operative and/or pathological reports; Pertinent charce; Pertinent diagnostic testing results, operative and/or pathological reports; Pertinent evaluations; Pertinent diagnostic testing results, operative and partitioner; Pertinent evaluations from other health care patclitioner; Pertinent diagnos	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaigucosidase alfa-ngpt, 4 mg avaigucosidase alfa-ngpt, 4 mg MIECTION ALGLUCOSIDASE ALFA 1 MG NOS	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation are and provides; Performation are and provid	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performatic treating repliced to support authorization decision making includes, but not limited to: Performatic treating required to support authorization decision making includes, but not limited to: Performatic treating required to support authorization decision making includes, but not limited to: Performatic treating required to support authorization decision making includes, but not limited to: Performatic treating required to support authorization decision making includes, but not limited to: Performation generality required to support authorization decision making includes, but not limited to: Performation generality required to support authorization decision making includes, but not limited to: Performation agreessing results, operative and/or pathological reports; Performation regarding the local delivery system; and Pathetic datacteristics and information. Information generality required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; "Performent characteristics and information. Information generality required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; "Performent characteristics and information. Information generally required to support authorization decision making includes, but not limited to: *Cu	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performatic evaluations from other health care practitioners and providers; Performatic harks; regisher or photographic information or generalized to the requested services such as: office and hospital records; Performatic harks; regisher or photographic authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; Performatic diagnostic testing results, operative and/or pathological reports; *Pristement plana progress notes; Performation generalized auto support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; Performent diagnostic testing results, operative and/or pathological reports; *Pristement paychoscial history; *Information agreeners in the reating practitioner; *Performent chars; agribs or photographic information as appropriate; *Performent chars; agribs or photographic information, as appropriate; *Performent chars; agribs or photographic information agreeners in the requested services such as: office and hospital records; *Information agreeners in preduced to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *Information agreeners in preduced to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; *Information agreeners integrity; *Information agreeners integrity; *Information agreeners integrity; *Information agreeners integrity; *Information agreener	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performatic relating replay of bubbles propriate; Performatic hards, replay to photographic information Performatic hards, replay or photographic information	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performatic relations from other health care practitioners and providers; Performatic relating replays of biotographic information Performatic relating replays of biotographic information Performatic relating replays of biotographic information Performatic relating required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; Performatic diagnostic testing results, operative and/or pathological reports; Performation generation and progress notes; Performent evaluations from other health care practitioner; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners; Performent evaluations from other health care practitioners and providers; Performent evaluations; Performent evaluations; Performent evaluations; Performent evaluations; Performent evaluations; Performent evaluation; Performent evaluatin evaluation; Performent evaluatin evaluation; Performent	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	"enformation and consultations with the treating practitioner; "enformation and consultations with the treating practitioner; "enformation and consultations with the treating practitioner; "enformation and ending the local delivery system; and "after thanacteristics and information "formation generally required to support authorization decision making includes, but not limited to: "current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; "enformation generally required to support authorization decision making includes, but not limited to: "current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; "enformation generally required to support authorization decision making includes, but not information generally required to support authorization deformation generally required to support authorization decision making includes, but not limited to: current (up to 6 month), adequate patient history related to the requested services such as: offersting the formation formation generally required to support authorization decision making includes, but not limited to: current (up to 6 month), adequate patient history related to the requested services such as: offersting and progress notes; "effersting tables and progress notes; "effersting tables" effersting tables" effersting tables" effersting tables" effersting tables" effersting tables and progress notes; effersting tables" effersting tables" effersting tables" effersting tables" effersting tables" effersting tables"	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022 Prior to 9/1/2019	J0219 J0220	UNITS avaiglucosidase alfa-ngpt, 4 mg inviection ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA 1 INJECTION ALGLUCOSIDASE ALFA	Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation and consultations with the treating practitioner; Performation there in the presenting problem Construction of the presenting problem Construction Constru	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		8/31/2022

Prior to 9/1/2019	J0222	INJECTION PATISIRAN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual		2/23/2022
			Performent Charles of the Charles of the procession of the procesion of the procession of the procession of the procession of the pro			
4/1/2022	J0224	Lumasiran (Oxlumo)	Patient characteristics and information.	Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
1/21/2022	J0248	REMDESIVIR LYOPHILIZED	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	1/21/2022
		INJECTION (VEKLURY)	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and consultations with the treating practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic; -Pertinent charts, g			
4/1/2022	J0291	Plazomicin		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	10490	INTECTION BELIMUMAB 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; +tilstory of the presenting problem +Clinical exam; +Pertinent planad progress notes; +Treatment planad progress notes; +effertionent planad progress notes; +effertionent planations with the treating practitioner; +effertionent charts, graphs or photographic information, as appropriate; +effertionent charts, graphs or photographic information, as effertionet charts, graphs or photographic information, as #information regarding the local delivery system; and +attent charts.etts: and information.	Texas Medicaid Provider Procedure Manual	Usertusa regunemen	2/23/2022
Prior to 9/1/2019	10517	INJECTION BENRALIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record? *History of the presenting problem *Cificial earn; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent psychosocial history; *Information and anorgeness notes; *Perfinent evaluations from other health care practitioner; *Perfinent evaluations (second the fractions and providers; *Perfinent evaluations; *Retinent evaluations; *Retinent evaluations; *Retinent evaluations; *Retinent evaluations; *Retinent evaluations; *Retinent evaluations; *Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0584	INIECTION BUROSUMAB-TWZA 1	Information generally required to support authorization decision making includes, but not limited to: <- current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; *tistory of the presenting problem *Clinical exam; *Pertnent planad progress notes; *Treatment planad progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertnent chards, graphs or photographic information, as appropriate; *Pertnent chards, graphs or photographic information, as appropriate; #Information regarding the local delivery system; and *Patient chards, stess can information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	10585	BOTULINUM TOXIN TYPE A PER UNIT	Information generally required to support authorization decision making includes, but not limited to: -Current (lug to 6 month), adequate patient history related to the requested services such as: office and hopptal record; +History of the presenting problem -Clinical exam; +Performed dagnostic biology results, generate and/or pathological reports; +Performed consultations with the treating practitioner; +Performet charts, graphs or photographic information, as appropriate; +Referentiation required to cal delivery system; and +Patient charts, field cal delivery system; and	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	10586	S UNITS	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital record; +History of the presenting problem Clinical earn; +Pertinent diagnotic testing results, operative and/or pathological reports; +Treatment plan and progress note; +Pertinent expland and progress note; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations (prom other health care practitioners and providers; +Pertinent evaluations (prom other health care parcitioners and providers; +Pertinent evaluation regarding the local delivery system; and +Patient hone. </urrent>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0587	INIECTION RINABOTULINUMTOXINB 100 UNITS	Information generally required to support authorization decision making includes, but not limited to: exturnet (to to 6 month), adequate patient history related to the requested services such as: office and hospital records; *tilisory of the presenting problem *Clinical exam; *Pertnent planad progress notes; *Pertnent planad progress notes; *Information and consultations with the treating practitioner; *Information and consultations with the treating practitioner; *Pertnent charts, graphs or photographic information, as appropriate; *Pertnent charts, graphs or photographic information, and #Attent charts, graphs or photographic information, as #Information regarding the local delivery system; and *Attent charts, setts, and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	10588	A 1 UNIT	Information generally required to support authorization decision making includes, but not limited to: <pre> </pre> <pre> </pre> <td>Texas Medicaid Provider Procedure Manual</td> <td></td> <td>2/23/2022</td>	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	10593	Lanadelumab-flyo (Takhzyro)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	10596	C1 Esterase Inhibitor (Recombinant (Ruconest)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

Prior to 9/1/2019	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			 Pertinent psychosocial history; Information and consultations with the treating practitioner; 			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information.			
4/1/2022	J0598	C1 Esterase Inhibitor (Human) (Cinryze)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	10599	C1 Esterase Inhibitor (Human) (Haegarda)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	J0604	CINACALCET ORAL 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information.			
Prior to 9/1/2019	J0637	INJECTION CASPOFUNGIN ACETATE 5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; 			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
4/1/2022	J0691	Lefamulin (Xenleta)	Patient characteristics and information.	Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
Prior to 9/1/2019	10695	INJECTION CEFTOLOZANE 50 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
, ,		AND TAZOBACTAM 25 MG	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 			2/20/2022
			History of the presenting problem			
			 Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports; 			
			•Treatment plan and progress notes; •Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	10699	Cefiderocol (Fetroja)		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
4/1/2022	J0706	Caffeine Citrate (Cafcit)		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
4/1/2020	J0712	Injection, ceftaroline fosamil, 10	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
4/1/2020	J0712	Injection, ceftaroline fosamil, 10 mg	 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
4/1/2020	J0712		-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical eam;	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
4/1/2020	J0712		Current (iup to 6 month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical earn, Pertinent diagnostic testing results, operative and/or pathological reports; "retartment plan and progress.note;	Texas Medicaid Provider Procedure Manual	Diagnosis kequirement	2/23/2022
4/1/2020	J0712		- Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; + History of the presenting problem - Clinical earm; + Pertnent diagnostic testing results, operative and/or pathological reports; + Pertnent payhosocial history; + Hofmath and And consultations with the treating practitioner;	Texas Medicaid Provider Procedure Manual	Ulagnosis kequirement	2/23/2022
4/1/2020	J0712		-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem <clinical exam;<br="">+Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent pay-notic history; +Information and consultations with the treating practitioner;</clinical>	Texas Medicaid Provider Procedure Manual	Diagnoss kequirement	2/23/2022
4/1/2020	J0712		 current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; History of the presenting problem Clinical earn; Hertinent plan and progress notes; Hertinent plan and progress notes; Hertinent plansion and consultations with the treating practitioner; Hertinent charts, graphs or photographic information, as appropriate; Hertineti traditsor, such advances, such advance	Texas Medicaid Provider Procedure Manual	Diagnoss kequirement	2/23/2022
		mg	<pre>-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pay-hospital and progress note; +Pertinent pay-hospital and progress note; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations from other health care practitioners and providers; +Pertinent evaluations; +Information regarding the tocal delivery system; and +Patient characteriscis and information.</pre>		Juaphois Requirement	2/23/2022
4/1/2020 Prior to 9/1/2019	10712		- Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; History of the presenting problem - Clinical earm, - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent pay-hoscial history; - Hortment pay-hoscial history; - Hortment evaluations from other health care practitioner; - Pertinent evaluations for other health care practitioner; - Pertinent evaluations; - Heritment evaluations; - Heritment evaluations; - Heritment evaluation; - Heritment evaluati	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual	juaphois Requirement	2/23/2022
		INJECTION CEPTAZIOIME AND	- Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; + History of the presenting problem - Clinical earm; + Pertinent diagnostic testing results, operative and/or pathological reports; + Pertinent psychosocial history; + Pertinent psychosocial history; + Pertinent evaluations from onbuilations with the treating practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent evaluations from other health care practitioner; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioners; + Pertinent evaluations from other health care practitioners; + Pertinent chars; - Information generating the local delivery system; and + Patient charscretistics and information Information generative required to support authorization decision making includes, but not limited to: - Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; - Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; - Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; - Current (up to 6 month), adequate patient history related to the requested services such as: office and - Provide the such as the such		Joaphois Requirement	
		INJECTION CEPTAZIOIME AND	- Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; + History of the presenting problem - Clinical earm; - Pertinent diagnostic testing results, operative and/or pathological reports; - Pertinent psychoscial history; - History of and progress notes; - Pertinent psychoscial history; - History of and progress notes; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations from other health care practitioner; - Pertinent evaluations; - Pertinent chars; - History of the presenting problem - Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; - History of the presenting problem - Clinical earm; - History of the presenting problem - Clinical earm; - Clinic		juaphois kequirement	
		INJECTION CEPTAZIOIME AND	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clincial earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent pay-hosocial history; +Information and environizations with the treating practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; Information agreezing the local delivery system; and +Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; -Vincel and		juagnois kequirement	
		INJECTION CEPTAZIOIME AND	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clinical earm, and progress note; +Pertinent diagnostic testing results, operative and/or pathological reports; +Treatment plan and progress note; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from other health care practitioners and provider; +Pertinent evaluations from other health care practitioners and provider; +Pertinent evaluations; Information generaling the local delivery system; and +Patient characteristics and information. Information generaling the local delivery system; and +Patient characteristics and information. Information generaling required to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; -Vision of the presenting problem -Clinical earm; +ertinent diagnostic testing results, operative and/or pathological reports; +restment paynological indirection; -Pertinent diagnostic testing results, operative and/or pathological reports; +restment paynological indirection; -Pertinent paynological indirection; -Pertinent paynological indirection;		juagnoss kequirement	
		INJECTION CEPTAZIOIME AND	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem Clincial earn; Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychoscial history; +Information and enonulations with the treating practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; Information generaling the local delivery system; and +Patient characteristics and information. Information generaling required to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; -Vincil earn and progress note; +History of the presenting problem -Clincial earn; -Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent approxibic information. +Pertinent evaluations from other health care practitioner; +Pertinent evaluations from the health care practitioner;		juapross kequirement	
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Prior to 9/1/2019	10714	mg RUECTION CEPTAZOIME AND AVIBACTAM 0.5 G 0.125 G	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clincial earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pay-hospital diagnostic testing results, operative and/or pathological reports; -Pertinent pay-hospital diagnostic testing results, operative and providen; -Pertinent pay-hospital history;	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019 8/1/2022	10714	mg INJECTION CEFTAZDIME AND AVIBACTAM 0.5 G 0.125 G Cabotegravir (Apretude)	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clincial earm, -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; +Information and enorgues note; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and provider; -Pertinent evaluations; -Pertinent evaluation;	Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	2/23/2022 8/31/2022
Prior to 9/1/2019 8/1/2022 4/1/2022	J0714 J0739 J0741	mg RVECTION CEFFAZIDIME AND AVIBACTAM 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir (Apretude)	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clincial earm, -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; +Information and enorgues note; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations from other health care practitioners and provider; -Pertinent evaluations; -Pertinent evaluation;	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022
Prior to 9/1/2019 8/1/2022 4/1/2022 4/1/2022	J0714 J0739 J0741 J0742	mg INJECTION CEFTAZIDIME AND AVIBACTAM 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir and Riphirine (Cabetura) Imperene, Clastatin, and Relebactari (Recentrici)	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paynoscial history;	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022 8/31/2022
Prior to 9/1/2019 8/1/2022 4/1/2022	J0714 J0739 J0741	mg INJECTION CEFTAZIOIME AND AVIBACTAM 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir and Rilpivrine (Cabotegravir and Rilpivrine (Cabotegravir and Rilpivrine)	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; -History of the presenting problem -Clincial earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent paynoscial history; -Information and onorulations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluation; -Pertinent ev	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022
Prior to 9/1/2019 8/1/2022 4/1/2022 4/1/2022	J0714 J0739 J0741 J0742	mg Rujection CEPTAZOJME AND AVIBACTAM 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir and Rilpivrine (Caberuva) Impenem, Clastatin, and Relebactam (Recarbico)	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clincia earn; Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent payhoscolal history; History of the presenting problem History of the presenting reported to support authorization decision making includes, but not limited to: - Constraint early and progress note; Hertinent damostic testing results, operative and/or pathological reports; - Pertinent early and progress note; Hertinent early, and progress note; Hertinent early, and gradies on the health care practitioner; Hertinent early, and gradies on the health care practitioner; Hertinent early, and gradies on the health care practitioner; Hertinent early, and gradies on the health care practitioner; Hertinent early, and gradies on the degradie information, a appropriate; Hertinent early, and prevised to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem -Clincia earn; Hertinent edualations from other health care practitioner; Hertinent edualations from other health care practitioner; Hertinent edualations from other health care practitioner; Hertinent edualation information. Information regarding the local delivery system; and Hardies tharacteristics and information. Information regarding the local delivery system; and Hardies tharacteristics and information. Information regarding the local delivery system; and hapital records; Hordies tharacteristics and information. Information regarding the local delivery system; and hapital records; History of the presenting problem His	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022 8/31/2022
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Prior to 9/1/2019 8/1/2022 4/1/2022 7/1/2020	J0714 J0739 J0741 J0742 J0791	mg INJECTION CEPTAZIDIME AND AVIBACTIAN 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir (Apretude) Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine) (Cabotegravir and Rilpivi	<pre>-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem </pre> -Clincia learn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent pay-hosoical history; *Information and consultations with the treating practitioner; *Pertinent evaluations from the health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations; #Pathent charas; registric or hospingport authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; #Pertinent charas; *Pertinent ch	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022 8/31/2022 2/23/2022
Prior to 9/1/2019 8/1/2022 4/1/2022 7/1/2020	J0714 J0739 J0741 J0742 J0791	mg INJECTION CEPTAZIDIME AND AVIBACTIAN 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir (Apretude) Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine) (Cabotegravir and Rilpivi	<pre>-current (up to 6 months), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem </pre> -Clincial earm; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent paynoscial history; *Information and consultations with the treating practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners *Pertinent evaluations from other health care practitioners *Pertinent evaluations from other health care practitioners *Pertinent evaluations from other health and evalues practitioner; *Pertinent evaluations from other health act and practitioner; *Pertinent evaluations from other health evaluation in advect and information. *Pertinent galax and subjects authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital record; *Pertinent galax and progress notes; *Pertinent datas; *Pertinent galax and progress notes; *Pertinent datas; *Pertinent galax and progress notes;	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022 8/31/2022 2/23/2022
Prior to 9/1/2019 8/1/2022 4/1/2022 7/1/2020	J0714 J0739 J0741 J0742 J0791	mg INJECTION CEPTAZIDIME AND AVIBACTIAN 0.5 G 0.125 G Cabotegravir (Apretude) Cabotegravir (Apretude) Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine (Cabotegravir and Rilpivirine) (Cabotegravir and Rilpivi	<pre>-current (up to 6 months), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem </pre> -Clincial earm; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent paynoscial history; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners and providers; *Pertinent evaluations from other health care practitioners *Pertinent evaluations from other health care practitioners *Pertinent evaluations from other health care practitioners *Pertinent evaluations and providers to support authorization decision making includes, but not limited to: *Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital record; *Pertinent evaluations from other health care practitioners; *Pertinent phane and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations from other	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or Diagnosis Requirement Code with Age and/or	2/23/2022 8/31/2022 8/31/2022 8/31/2022 2/23/2022

Prior to 9/1/2019	10875	INJECTION DALBAVANCIN SMG	Information generally required to support authorization decision maling includes, but not limited to: -current (up to for monthy, adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem +Clinical exam; +ertinent planand progress notes; +Freitment planand progress notes; +Freitment planand progress notes; +freitment chars, graphs or photographic information, as appropriate; +Fertheric thars, graphs or photographic information, as appropriate;	Texas Medicaid Provider Procedure Manual		2/23/2022
			 Information regarding the local delivery system; and Patient characteristics and information. 			
Prior to 9/1/2019	J0878	INJECTION DAPTOMYCIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: <pre></pre> <pre></pre> <pre></pre> <pre>/// Controls, adequate patient history related to the requested services such as: office and hospital record; <pre>// History of the presenting problem</pre> <pre>// Clinical exam;</pre> <pre>// Clinical exam;</pre> <pre>// Clinical exam;</pre> <pre>// Treatment plan and progress notes;</pre> // Treatment plan and progress notes;</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; Pertinent charat, graphs or photographic information, as appropriate; Pertinent charateristics and information. Patient characteristics and information.			
Prior to 9/1/2019	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to for nonthy), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem +Clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planands risk the rearing proctitioner; +Information and consultations with the treating practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information; +Pertnent chards, graphs or photographic information; +Pertnent chards, graphs or photographic; +Pertnent chards,	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0885 J0888	ESRD 1000 UNITS	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J0888	INJECTION EPOETIN BETA 1 MICROGRAM	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			+History of the presenting problem <-Clinical exam; +Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; +Pertinent quoting of the second se			
1/1/2021	J0896	INVECTION, LUPATERCEPT-AAMT,	Information generally required to support authorization decision making includes, but not limited to: Current (up to formship, adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem +Clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planands removes history; +Information and consultations with the treating practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information; +Pertnent charts, graphs or photographic; +Pertnent charts, graphs; +Pertnent ch	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1290	INJECTION ECALLANTIDE 1 MG	Adomation generally required to support authorization decision making includes, but not limited to: Current (up to formship, adequate patient history related to the requested services such as: office and hospital records; visitory of the presenting problem +Clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planands; resting results, operative and/or pathological reports; +Information and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts,	Texas Medicaid Provider Procedure Manual		2/23/2022
7/1/2022	J1300	Eculizumab (Soliris)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019 7/1/7022	J1301 J1303	INJECTION EDARAVONE 1 MG	Information generally required to support authorization decision making includes, but not limited to: <pre>-Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; <pre>-Vincal earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pay-noscial history; -Pertinent pay-noscial history; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations for other health care practitioner; -Pertinent evaluations for other health care practitioner; -Pertinent evaluations; -Pertinent evaluation; -Pertinent evaluation; -</pre></pre>	Texas Medicaid Provider Procedure Manual	Ougrouss requirement	2/23/2022
					Diagnosis Requirement	8/31/2022
4/1/2022	J1305	Evinacumab-dgnb (Evkeeza)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022 7/1/2021	J1306 J1427	Indisiran (Leqvio) INJECTION, VILTOLARSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to: - <current (up="" 6="" adequate="" and<br="" as:="" history="" months),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +<clinical exam;<br="">+<trineat mean="" notes;<br="" process="">+**Trinent planonic testing results, operative and/or pathological reports; +**Treatment planonic has drongers notes; +**Treatment planonics from other health care practitioner; +**Treatment charts, graphs or photographic information, as appropriate; +**Treatment charts, and information.</trineat></clinical></current>	Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022

Prior to 9/1/2019	J1428	INJECTION ETEPLIRSEN 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
1/1/2021	J1429	INJECTION, GOLODIRSEN, 10 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 			
			History of the presenting problem			
			•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			 Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information			
Prior to 9/1/2019	J1442	INJECTION FILGRASTIM EXCLUDES BIOSIMILARS 1 MIC	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
Prior to 9/1/2019	J1447	INJECTION TBO-FILGRASTIM 1	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
		MICROGRAM	•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			•History of the presenting problem •Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes:			
			Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			 Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; 			
			Information regarding the local delivery system; and Patient characteristics and information.			
4/1/2022	J1448	Trilaciclib (Cosela)		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
Prior to 9/1/2019	J1458	INJECTION GALSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
			 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 			
			History of the presenting problem •Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; 			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers: 			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Perhabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	11459		Perfinent evaluations from other health care practitioners and providers; Perfinent chars; ergols or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/22/2022
Prior to 9/1/2019	11459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	+ertinent evaluations from other health care practitioners and providers; +ertinent chars; ergolis or photographic information, as appropriate; +elevalitation evaluations; +elevalitation evaluations; +elevalitation evaluations; +elevalitation evaluation; +elevalitation evaluation; +elevalitation evaluation; +elevalitation evaluation; +elevalitation evaluation; +elevalitation; +e	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	11459		+erfinent evaluations from other health care practitioners and provider; +erfinent chars; graphs or photographic information, as appropriate; +Rehabilitation evaluations; +information regarding the local delivery system; and +Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: -current (up to formith), adequate patient history related to the requested services such as: office and hospital records; +istory of the presenting problem	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J1459		Perfinite revaluations from other health care practitioners and providers; Perfinient chars; graphs or photographic; information, as appropriate; Perhaphilitation evaluations; Performation generating the local delivery system; and Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hoppital record;	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	11459		Perfinite revaluations from other health care practitioners and providers; Perfinient chars; graphs or photographic; information, as appropriate; Performation regregation the located delivery system; and Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; History of the presenting problem Cilincial exam; Perfinent diagnostic testing results, operative and/or pathological reports; Pertament diagnostic testing results, operative and/or pathological reports;	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	11459		*ertinent evaluations from other health care practitioners and providers; *ethenist chars; graphs or photographicit information, as appropriate; *ehabilitation evaluations; *information regending the local delivery system; and *Patient characteristics and information. Information generally required to support autorization decision making includes, but not limited to: *current (up to 6 month), adequate patient history related to the requested services such as: office and htopptal record; vicurent (up to 6 month), adequate patient history related to the requested services such as: office and htopptal record; vicurent diagnostic testing results, operative and/or pathological reports; *ertiment path and progress note; *ertiment psychoocial history; *information and consultations with the treating practitioner;	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	11459		+ertinent evaluations from other health care practitioners and provider; +ertinent chars; graphs or photographic information, as appropriate; +ekebalitation evaluations; +information regulations; +atient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: -everref (up to formshi), adequate patient history related to the requested services such as: office and hospital records; +entioner dangonsis testing results, operative and/or pathological reports; +reatment plan and progress notes; +reatment plan and progress notes; +reatment plan and progress notes;	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	11459		evertinent evaluations from other health care practitioners and providers; evertinent chars; egnits or photographic information, as appropriate; exemplation evaluations; evaluations	Texas Medicaid Provider Procedure Manual		2/23/2022
		NONLYOPHILIZED 500 MG	Perfinite revaluations from other health care practitioners and providers; Perfinient chars, graphs or photographic information, as appropriate; Performation regarding the local delivery system; and Patient chars, derived to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hoppial records; Perfinient patient of the support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hoppial records; Perfinient patients problem Clinical exam; Perfinient patients from other health care practitioner; Perfinient patients from other health care practitioner; Perfinient chards, graphs or photographic information, as appropriate; Perfinient chards, regulators and examples: Perfinient chards, and progress note; Perf			
Prior to 9/1/2019 Prior to 9/1/2019	J1459 J1460		everinnent evaluations from on ther health care practitioners and providers; everinnent chars; egnitis or photographic information, as appropriate; elevaluations; elevaluation; elevalu	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		2/23/2022 2/23/2022
		NONLYOPHILIZED 500 MG	evertinent evaluations from other health care practitioners and providers; evertinent chars; ergohs or photographic information, as appropriate; Healthation evaluations; Hinformation generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; History of the presenting problem Cilicial exem; Pertinent diagnostic testing results, operative and/or pathological reports; History of the presenting problem Cilicial exem; Pertinent diagnostic testing results, operative and/or pathological reports; History of the presenting mobilem Cilicial exem; Pertinent evaluations from other health care practitioner; History of the presenting in the constraint of the second se			
		NONLYOPHILIZED 500 MG	<pre>everine evaluations from other health care practitioners and providers; *etendent chars; genits or photographic information, as appropriate; *etendations evaluations; *faither tharacteristics and information. Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Fittion of the presenting problem <cincil evaluation;<br="">*Fertinent diagnostic testing results, operative and/or pathological reports; *Fertinent psychoocial history; *fertinent evaluations from other health care practitioner; *Pertinent evaluations; *Fertinent evaluations; *Information agneeming register of to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Fertinent evaluations; *Information geneenly required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Unormation geneenly required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *History of the presenting problem *Clinical exam; *</cincil></pre>			
		NONLYOPHILIZED 500 MG	evertinent evaluations from other health care practitioners and providers; *Rehabilitation evaluations; *Information regarding the local delivery system; and *Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Fittiony of the presenting problem <cincal exam;<br="">*Perfinent diagnostic testing results, operative and/or pathological reports; *Fittient psychoscial history; *Perfinent evaluations from other health care practitioner; *Perfinent evaluations; *Perfinent evaluations; *Information generally regized to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hopptal record; *Perfinent chars; *Perfinent evaluations; *Information generally regized to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hopptal record; *Information generally required to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hopptal record; *Information generally required to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hopptal record; *Perfinent diagnostic testing results, operative and/or pathological reports; *Testiment plan and progress notes;</current></current></current></current></cincal>			
		NONLYOPHILIZED 500 MG	<pre>everine evaluations from other health care practitioners and providers; *etenient chars; genish or photographic information, as appropriate; *etenialitation evaluations; *faindmaint regarding the local delivery system; and *faint characteristics and information. Information generally reguired to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; *etiment diagnostic testing results, operative and/or pathological reports; *fertiment diagnostic testing results, operative and/or pathological reports; *fertiment application consultations with the treating practitioner; *fertiment evaluations; *fertiment evaluations; *fertiment evaluations; *fertiment evaluations; *formation arguestly register of support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history resisted to the requested services such as: office and hospital record; *fertiment evaluations; *fertiment evaluations; *fertiment evaluations; *formation geness eneign register of support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; *fertiment diagnostic testing results, operative and/or pathological reports; *fertiment diagnostic testing results, operative and/or pathological reports; *fertiment diagnostic testing results, operative and/or pathological reports; *fertiment diagnostic testing; *fertiment diagnostic testing; *fertiment diagnostic testing; *fertiment path and progress note; *fertiment path and onjunctions with the treating practitioner; *f</pre>			
		NONLYOPHILIZED 500 MG	<pre>everine evaluations from other health care practitioners and providers; *eteniant chars; graphs or photographic information, as appropriate; *etenialization evaluations; *ationmation regregating the local delivery system; and *ation tharacteristics and information. Information generally regulated to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital record; +itistory of the presenting problem <-(Lincial earn; *Pertinent diagnostic testing results, operative and/or pathological reports; *Pertinent psychoscial history; *Pertinent psychoscial history; *Pertinent evaluations from other health care practitioner; *Pertinent evaluations; *Information regarding the local delivery system; and *Zeatent characteristics and information. Information generality required to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital incord; *Pertinent epakoneotial history; *Information ade progress notes; *Pertinent psychoscial history; *Information ade consulting nother *Pertinent epakoneotial history; *Information ade normation; *Information ade norma</current></current></pre>			
		NONLYOPHILIZED 500 MG	<pre>everine evaluations from other health care practitioners and providers; *ethenist chars, graphs or photographic information, as appropriate; *ethenistiliation evaluations; *ationmation regressing regulated to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; *History of the presenting problem *Circlent diagnostic testing results, operative and/or pathological reports; *Pertinent dapnostic testing results, operative and/or pathological reports; *Pertinent psychoscial history; *Pertinent evaluations from other health care practitioner; *Pertinent evaluation evaluations with the treating practitioner; *History of the presenting problem *Liformation generally required to support authorization decision making includes, but not limited to: *Current plan and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Pertinent plan and progress notes; *Pertinent evaluations from other health care practitioner; *Pertinent charst, graphs or photographic information, as appropriate; *Pertinent evaluations from other health care practitioner; *Pertinent charst, graphs or photographic information, as appropriate; *Pertinent evaluation from other health care practitioner; *Pertinent charst, graphs or photographic information, as aperopriate; *Pertinent evaluations from othe</pre>			
Prior to 9/1/2019	11460	NONLYOPHILIZED 500 MG	<pre>*erfinet valuations from other health care practitioners and providers; *ethalitation evaluations; *information regregation the location of the evaluation of the evaluat</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
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Prior to 9/1/2019	11460	NONLYOPHILIZED 500 MG	<pre>eventment evaluations from other health care practitioners and providers; *Rehabilitation evaluations; *Information regregative problem delivery system; and *Patient characteristics and information. Unformation generally required to support authorization decision making includes, but not limited to: *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; *Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent evaluations from other health care practitioner; *Perfinent evaluations from other health care practitioners; *Perfinent evaluations; *Perfinent evaluations; *Perfinent evaluations; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent evaluations; *Perfinent evaluations; *Perfinent evaluations; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent chars; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent evaluations; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent diagnostic testing results, operative and/or pathological reports; *Perfinent diagnostic testing results, oper</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
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Prior to 9/1/2019 7/1/2021	J1460 J1554	NONLYOPHILIZED 500 MG	<pre>*etrine valuations from other health care practitioners and providers; *etrinet chars; graphs or photographic information. *ation function regarding the local delivery system; and *ation tharacteristics and information. Information generally required to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hopptal record; <pre>************************************</pre></current></pre>	Texas Medicaid Provider Procedure Manual Texas Medicaid Provider Procedure Manual		2/23/2022
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Prior to 9/1/2019	11556	INIECTON IMMUNE GLOBULIN BIVIGAM 500 MG	Information generally required to support authorization decision making includes, but not limited to: < Current (up to for month), adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem < Clinical exam; +Pertnent planad progress notes; +Pertnent planad progress notes; +Pertnent planations inform other health care practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent exact charts, graphs or photographic information, as +Information regording the lexical delivery system; and +Patient charts. Second Mathematics.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11557	INI MMUNE GLOBUINI N NONLYOPHIUZZD 500 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to do month), adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem Clinical exam; +Pertnent plana dprogress notes; +Pertnent plana dprogress notes; +Pertnent planations from other health care practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as Approximation regarding the local delivery system; and +Patient information, and includes the provided of the photographic +Information regarding the local delivery system; and +Patient chards, settiss and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019 Prior to 9/1/2019	11559	NUECTON IMMUNE GLOBULIN HIZENTRA 100 MG	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; «History of the presenting problem «Cinical exam; #Pertinent diagnostic testing results, operative and/or pathological reports; #Pertinent pay-induced history; #Pertinent pay-induced history; #Pertinent evaluations from other health care practitioner; #Pertinent evaluations; #Pertinent evaluations; #Pertinent evaluations; #Reformation and evaluations; #Reformation areging the local delivery system; and #Patient characteristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
PHOR 10 9/1/2019	1261	INDELTON INMORE GLOBOLIN	Information generally required to support authorization decision making includes, but not limited to: <- current (up to domnth), adequate patient history related to the requested services such as: office and hoppial records; +tistory of the presenting problem <- linical exam; +Pertinent planad progress notes; +Pertinent planad progress notes; +Pertinent planations and progress notes; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as #information regarding the local delivery system; and +Patient intervisities and information.	rexis weakaru Provider Procedure Manuar	2/25/2022
Prior to 9/1/2019	11562	INIETTON IMMUNE GLOBULIN VIVAGLBIN 100 MG	Information generally required to support authorization decision making includes, but not limited to: ecurrent (to to 6 month), adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem -Clinical exam; +Pertnent planading problem -Pertnent planading problem -Pertnent planading problem -Pertnent planation in the realing practitioner; +information and consultations with the realing practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as -Pertnent chards, and provident chards, and provident chards, as -Pertnent chards, and provident chards, and provident chards, as -Pertnent chards, and provident chards, as -P	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11566	NJ IG IN LYPHILIZED NOT OTHERWISE SPEC 500 MG	Information generally required to support authorization decision making includes, but not limited to: excurrent (up to formoth), adequate patient history related to the requested services such as: office and hospital records; *clinical records; *clinical exam; *entiment plan and progress notes; *restment planandor issuing results, operative and/or pathological reports; *restment planandor issuing results, operative and/or pathological reports; *restment planandor issuing results, operative and/or pathological reports; *restment planandor from other health care practitioner; *reforment chards, graphs or photographic information, as appropriate; *etention chards, graphs or photographic information, as #restment chards, from other healt and in the information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11568	NI IG OCTOGAN IV NONLYOPHILIZED 500 MG	Information generally required to support authorization decision making includes, but not limited to: exturned to to the monthyl, adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem +Clinical exam; +Pertnent planandprost testing results, operative and/or pathological reports; +Treatment planandprost resting results, operative and/or pathological reports; +Treatment planandprost resting results, operative and/or pathological reports; +Fortment planandprost hosts; +Fortment planandprost from other health care practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information, as +Information regarding the local delivery system; and +Patient charts.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11569	INI IS GAMMAGARD LIQ IV NONLYOPHILIZED SOO MG	Information generally required to support authorization decision making includes, but not limited to: <pre>Current(up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +*itistory of the presenting problem <clinical earn;<br="">+*ertinent diagnostic testing results, operative and/or pathological reports; +*ertent spychoscial history; +*ertent spychoscial history; +*ertent evaluations from other health care practitioner; +*ertent evaluations; +*ertent evaluations; +*ertent evaluations; +*ertent evaluations; +*ertent evaluation; **ertent evaluati</clinical></pre>	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11571	IN HEATTIS BIG HEPAGAM BIM	Information generally required to support authorization decision making includes, but not limited to: <- Current (up to for month), adequate patient history related to the requested services such as: office and hospital records; +*isitory of the presenting problem <- Linical earm, +*Printent planadic testing results, operative and/or pathological reports; +*Testiment planadic testing results, operative and/or pathological reports; +*Testiment planadic normality and progress notes; +*information and consultations with the treating practitioner; +*information random from other health care practitioners; +*erriment charls, graphs or photographic information, as appropriate; +*erriment charls, graphs or photographic information, as appropriate; +*erriment charls, graphs or photographic information, and reformation regulating the local delivery system; and +*adest charst, erristics and information.	Texas Medicaid Provider Procedure Manual	2/23/2022

Prior to 9/1/2019	11572	INI IMMUNE GLOBULIN IV NONLYOPHIUZED SOO MG	Information generally required to support authorization decision making includes, but not limited to: Current (to the 5 month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem +Clinical exam; +Pertinent planal progress notes; +Pertinent planal progress notes; +Information and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate;	Texas Medicaid Provider Procedure Manual	2/23/2022
			 Information regarding the local delivery system; and Patient characteristics and information. 		
Prior to 9/1/2019	11573	INI HEP B IG HERAGAN B	Information generally required to support authorization decision making includes, but not limited to: discriment (up to a finishit), adequate patient history related to the requested services such as: office and methican of the presenting problem +Clinical exam; +Pertinent plan and progress notes; +Pertinent plan and progress notes; +Pertinent plan and progress notes; +efformation and consultations with the treating practitioner; +efformation and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate; +efferingtion charticities and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11575	INI IMMUNE GLOBULIN HYALURONIDASE 100 MG IG	Information generally required to support authorization decision making includes, but not limited to: - current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; + elisitory of the presenting problem + clinical exam; + Pertinent glangnotic testing results, operative and/or pathological reports; + Prestment glan and progress notes; + Pertinent glandon consultations with the treating practitioner; + information and consultations with the treating practitioner; + efferient chards, graphs or photographic information, as appropriate; + efferient chards, graphs or photographic information, as appropriate; + efferient chards, enductors; + information regarding the local delivery system; and + after chards carding the local delivery system; and + after chards.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	J1599	INJ IG IV NONLYOPHILIZED E.G.	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		UQUID NOS 500 MG	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earm; -Pertinent diagnostic testing results, operative and/or pathological reports; -Treatment plan and progress notes; -Pertinent evaluations with the treating practitioner; -Pertinent evaluations from other health care practitioner; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or photographic, and -Pertinent charts, graphs, graphs		
10/1/2020	J1632	INJECTION, BREXANOLONE, 1 MG	 Patient characteristics and miormation. Information generally required to support authorization decision making includes, but not limited to: 	Texas Medicaid Provider Procedure Manual	2/23/2022
			hospital records; +itisony of the presenting problem +clinical earn, +Pertnent glangonicit testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +information and consultations with the treating practitioner; +Pertnent evaluations from other health care practitioners and providers; +Pertnent chards, graphs or photographic information, as appropriate; +Methabilitation redulations; +information regularing the local delivery system; and +Patient chancelistics and information.		
Prior to 9/1/2019	11640	INJECTION HEMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: <- current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; + listory of the presenting problem <- Clinical exam; + Pertnent plana diprogress notes; + Pertnent plana diprogress notes; + Pertnent planations from other health care practitioner; + Pertnent charts, graphs or photographic information, as appropriate; + Pertnent charts, and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
4/1/2022	J1738	Meloxicam (Anjeso)			de with Age and/or 8/31/2022 Ignosis Requirement
Prior to 3/1/2019	11743	INIECTION IDURSULFASE 1 MG	Information generally required to support authorization decision making includes, but not limited to: <l></l>	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	J1744	INJECTION ICATIBANT 1 MG	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
			-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clinical earm; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and progress note; -Pertinent evaluations from other health care practitiones; -Pertinent evaluation; -Pertine		
Prior to 3/1/2019	11745	INIECTON INFLUMABE EXCLUDES BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: «current (up to 6 monthy), adequate patient history related to the requested services such as: office and hooptal records; +tistory of the presenting problem -clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planations from other health care practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent charts, graphs or photographic information, as appropriate; +Information regulations and the cui adultant of the set of	Texas Medicaid Provider Procedure Manual	2/23/2022

Prior to 9/1/2019	J1746 J1823	INIECTON IBALIZUMAB-UIYK 10 MG INIECTION, INEBILIZUMAB-CDON, 1	Information generally required to support authorization decision making includes, but not limited to: current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; clinical earn; Pertinent glagnotic testing results, operative and/or pathological reports; Pertinent glagnotic testing results, operative and/or pathological reports; Pertinent glagnotic testing results, operative and/or pathological reports; Pertinent glagnotic hospital testing results, operative and/or pathological reports; Pertinent glagnotic hospital testing results, operative and/or pathological reports; Pertinent glagnotic substance with the treating pactitioner; Pertinent charts, graphs or photographic information, as appropriate; Netroinmation regiment; the cal delivery system; and Pathomation generally required to support authorization decision making includes, but not limited to: 	Texas Medicaid Provider Procedure Manual	2/23/2022
		MG	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical earm; -Pertinent diagnotic testing results, operative and/or pathological reports; -Pertinent psychococal history; -Pertinent psychococal history; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent chards, graphs or photographic; +Pertinent chards, graphs, g		
Prior to 9/1/2019	11826	MCG	Information generally required to support authorization decision making includes, but not limited to: - current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +Hitory of the presenting problem Clinical exam; Perfinent diagnostic testing results, operative and/or pathological reports; Perfinent psychoscial history; Hinformation and complex stock; Perfinent evaluations from other health care practitioner; Perfinent evaluations; Hinformation and complex stock; Perfinent evaluations; Hinformation and engines to delivery system; and Perfinent charced regifted the level delivery system; and Patiformation regifted the lower delivery system; and 	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 3/1/2019	11830	INIECTON INTERFERON BETA-18	Information generally required to support authorization decision making includes, but not limited to: <- Current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; <- History of the presenting problem <- Elinical exam; >- Perfinent glangnotic testing results, operative and/or pathological reports; - Treatment plan and progress notes; - Perfinent regulations with the treating practitioner; + Perfinent chards, graphs or photographic information, as appropriate; + Perfinent chards, graphs or photographic information, as appropriate; + elindimation regulated to: = elindimation regulated to: a delivery system; and + Petent decision.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	J1833	INIECTION ISAVUCONAZONIUM 1 MG	Information generally required to support authorization decision making includes, but not limited to: «current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +tilistory of the presenting problem +clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +effermation and consultations with the treating practitioner; +efferment planations from other healt care practitioners and providers; +Pertnent chards, graphs or photographic information, as appropriate; +effermition regarding the local delivery system; and +attent thandscattics and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	11950	INIECTION LEUPROLIDE ACETATE	Information generally required to support authorization decision making includes, but not limited to: excurrent (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +tilistory of the presenting problem +clinical exam; +Pertnent planand progress notes; +restment planand progress notes; +restment planators in the treating practitioner; +information and consultations with the treating practitioner; +effernet charts, graphs or photographic information, as appropriate; +effernition charts regarding the local delivery system; and +athention regarding the local delivery system; and +athention.	Texas Medicaid Provider Procedure Manual	2/23/2022
10/1/2021	11951	NIECTON LEUPROLIDE AC FOR DEPOT SUSP 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: -current (up to 6 monthy, adequate patient history related to the requested services such as: office and hospital records; +tilistory of the presenting problem +tilinoid earnet, testing results, operative and/or pathological reports; +freatment plan and progress notes; +reteriment plan and progress notes; +reteriment plan and progress notes; +efrement plantions from other healting practitioner; +efrement chards, graphs or photographic information, as appropriate; +efreminent chards, graphs or photographic information, as appropriate; +efration and concultation; +information regarding the local delivery system; and +attent chards, stress the final decide and the sum of the sources.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	12020	INIECTION LINEZOLID 200 MG	Information generally required to support authorization decision making includes, but not limited to exturned (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; +tilistory of the presenting problem +tiline(a learn): +erfentent planand progress notes; +Pretiment planation and progress notes; +erfentent planations from other health care practitioner; +Perfinent charts, graphs or photographic information, as appropriate; +Retabilitation evaluations; +information regulations; +information regulations; +information regulations; +information regulations; +information regulates; +information regulates; +information;	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	12170	INIECTION MECASERMIN 1 MG	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual	2/23/2022

Prior to 9/1/2019 Prior to 9/1/2019 Prior to 9/1/2019	12182	INJECTION MEROPLIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: • current (up to 6 montha), adequate patient history related to the requested services such as: office and hospital records; • stistory of the presenting problem • clinical exam; • Pertnent plan and progress notes; • information and consultations with the reating practitioner; • information and consultations from other health care practitioners and provider; • # Pertnent et plansions from other health care practitioners and provider; • # Pertnent charts, graphs or photographic information, as appropriate; • # Pertnent charts, graphs or photographic information, as appropriate; • # Pertnent et also mostly adopted to support authorization decision making includes, but not limited to: • current (up to for motha), adequate patient history related to the requested services such as: office and hospital records; • "Information generally required to support authorization decision making includes, but not limited to: • clinical exam; • etitistory of the presenting problem • clinical exam; • Pertnent plan and progress notes; • "Pertnent plan and progress notes; • "Pert	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	12248	INJECTION MICAFUNGIN SODIUM 1	 Information and consultations with the treating practitioner; Afertinent evaluations from other health care practitioners and providers; Afertinent charts, graphs or photographic information, as appropriate; Afertinent charts, and and and an another and an approximation regarding the local delivery system; and Afactent charts, activities and information. 	Texas Medicaid Provider Procedure Manual	2/23/2022
		MG	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pay-hand and orgorgess note; -Pertinent pay-hand onulutations with the treating practitioner; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners; -Pertinent evaluations from other health care practitioners and provider; -Pertinent evaluations from other health care practitioners and provider; -Pertinent evaluation; -		
Prior to 9/1/2019	12326	INIECTION NUSINERSEN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: - Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertnent planandprostress notes; + Pertnent planandprost testing results, operative and/or pathological reports; + Treatment planandprost notes; + Hormation and consultations with the treating practitioner; + Pertnent charts, graphs or hohographic information, as appropriate; + Pertnent charts, graphs or hohographic information, as appropriate; + Information regarding the local delivery system; and + Pathent Intervisitics and Information.	Texas Medicaid Provider Procedure Manual	2/23/2022
7/1/2022	12356	Tesspire (Tesepelumab-ekko)	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for monthy, adequate patient history related to the requested services such as: office and hospital records; + History of the presenting problem - Clinical exam; + Pertnent plan and progress notes; + Pertnent plan and progress notes; + Hormston and consultations with the treating practitioner; + Hormston and consultations with the treating practitioner; + Pertnent chards, graphs or photographic information, as appropriate; + Pertnent chards, graphs or photographic information, as appropriate; + Pertnent chards, graphs or photographic information, as appropriate; + Pertnent chards, to add with the case the chard of the char	Texas Medicaid Provider Procedure Manual	8/31/2022
Prior to 9/1/2019	12357	INIECTION OMALIZUMAB 5 MG	Information generally required to support authorization decision making includes, but not limited to: 4 Support incortage incomba), adequate patient history related to the requested services such as: office and 4 Support incortage incomba, adequate patient history related to the requested services such as: office and 4 Support incortage incomba, adequate patient history related to the requested services such as: office and 4 Support incortage incomba, adequate patient and/or pathological reports; 4 Formant plan and progress notes; 4 Information and consultations with the treating practitioner; 4 Information and consultations with the treating practitioner; 4 Petiment chards, graphs or photographic information, as appropriate; 4 Petiment chards, second to the support to the support of the support	Texas Medicaid Provider Procedure Manual	2/23/2022
4/1/2020	12407	injection, oritavancin, 10 mg	Advantation generally required to support authorization decision making includes, but not limited to: Current (up to Gronthy), adequate patient history related to the requested services such as: office and hospital records; visitory of the presenting problem -Clinical exam; Fertinent planandur cisting results, operative and/or pathological reports; *reatment plan and progress notes; +fertinent planation and consultations with the treating practitioner; +fertinent charts, graphs or photographic information, as appropriate; +fertinent charts, graphs or photographic information, as appropriate; +fertinent charts, graphs or photographic information, and +attent charts, decided and up and up	Texas Medicaid Provider Procedure Manual	2/23/2022
4/1/2020	12770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	Adomation generally required to support authorization decision making includes, but not limited to: Current (up to for nontha), adequate patient history related to the requested services such as: office and hospital records; wistory of the presenting problem vision and progress notes; +Pertnemt planandprocession history; +Information and consultations with the reading practitioner; +Information and consultations with the reading practitioner; +Pertnemt pathy-inducts from other health care practitioners and provider; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, as appropriate; +Pertnemt charts, graphs or photographic information, appropriate; +Pertnemt charts, graphs or photographic information, appropriate; +Pertnemt charts, appropriment charts, appropriment charts,	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	12783	INJECTION RASBURICASE 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records: -History of the presenting problem -Clinical earn; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychoscial history; -Information and and progress notes; -Pertinent evaluations from other health care practitioner; -Pertinent evaluations; -Pertinent evaluations; -Pertinent evaluations; -Pertinent evaluation; -Pertinent eval	Texas Medicaid Provider Procedure Manual	2/23/2022

Prior to 9/1/2019	12786	INIECTION RESULZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: - Current (up to for month), adequate patient history related to the requested services such as: office and hoppial records; + History of the presenting problem - Clinical exam; + Pertnemt planand progress notes; + Teatment planatorial history; + Information and consultations with the treating practitioner; + # offerment chards, graphs or photographic information, as appropriate; + # exhibition requestions from other health care practitioner; + # other health care disclinations; + # other health care disclination; + #	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	12787	RIBOFLAVIN 5-PHOSPHATE OPHTHALMIC SOL TO 3 ML	Information generally required to support authorization decision making includes, but not limited to: -Current (up to for monthy, adequate patient history related to the requested services such as: office and hoppial records; +History of the presenting problem -Clinical exam; +Pertnent planand progress notes; +Teatment planand progress notes; +Fortment planators in the nealth care practitioner; +Fortment chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as appropriate; +Retabilitation exailations; +Information regarding the local delivery system; and +Patient intervaluations.	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J2793	Rilonacept (Arcalyst)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	12797	INIECTION ROLAPITANT 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +tistory of the presenting problem <clinical exam;<br="">+Pertinent planands: testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Pertinent planations from other health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent chards, and anong exhaption regarding the local delivery system; and +Pathent informatios, and information.</clinical></current>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	12820	INIECTION SARGRAMOSTIM 50 MCG	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +tistory of the presenting problem <clinical exam;<br="">+Pertinent planands: testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent planations from other health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent chards, graphs or photographic information, as appropriate; +Relabilitation exailations; +Information regarding the local delivery system; and +Information.</clinical></current>	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022	J2998	Plasminogen human-tvmh (Ryplazim)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J3031	(Ryplazim) Fremanezumab-vfrm (Ajovy)		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
4/1/2022	J3032	Eptinezumab-JJMR (Vyepti)		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
4/1/2022 Prior to 9/1/2019	13032	INJECTION TEDIZOLID PHOSPHATE 1	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
		ING	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem <clincal exam;<br="">+Perfinent diagnostic testing results, operative and/or pathological reports; +Perfinent psychosocial history; +Information and an orgnerss note; +Perfinent evaluations from other health care parcettioner; +Perfinent evaluations; +Perfinent evaluations; +Refinent evaluations; +Refinent evaluations; +Refinent diagnostic testing replace and provider; +Perfinent chars; +Refinent diagnostic genes to delivery system; and +Patient charscretistics and information.</clincal>			
Prior to 9/1/2019 Prior to 9/1/2019	13095	INJECTION TELAVANCIP 10 MG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; • Lincal exam; • Cincal exam; • Pertinent plan and progress notes; • Instrumt plan and progress notes; • Instrumt plan and progress notes; • Information and consultations; with the teating practitioner; • effectionet charts, graphs or pholographic information, as appropriate; • effectionet charts, graphs or pholographic information, as appropriate; • effectionet charts, graphs or pholographic information, as appropriate; • effectionet charts, graphs or pholographic information, as • approximation equilations; • information generally related ad lelivery system; and • advanted thanacteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
		AQQ6, 1 mg	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent planad progress notes; +Pertinent planad progress notes; +Pertinent planation and consultations with the treating practitioner; +Pertinent chards, graphs or hohotographic information, as appropriate; +Pertinent chards, graphs or hohotographic information, as Pertinent chards, graphs or hohotographic information, as Pertinent chards, graphs or hohotographic information, as +Pertinent			2/23/2922
10/1/2020	13241	INECTION, TEPROTUMUMAB- TRBW, IDMG	Information generally required to support authorization decision making includes, but not limited to: <pre> </pre> <pre> </pre> <td>Texas Medicaid Provider Procedure Manual</td> <td></td> <td>2/23/2022</td>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	13245	INJECTION TILDRAKIZUMAB 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to for monthy, adequate patient history related to the requested services such as: office and hoppial records; History of the presenting problem Clinical exam; Pertinent planand progress notes; Pertinent planand progress notes; Pertinent planator in dorsultations with the treating practitioner; Hinformation and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Herbalitization regarding the local delivery system; and Hinformation.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	13304	INVECT TRUMCINOLONE	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" formship,="" history="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; <pre>stituory of the presenting problem</pre> <pre>Chicale asim; <pre>Pertinent diagnostic testing results, operative and/or pathological reports; <pre>Pertinent psychoscial history; <pre>stindmain and progress note; <pre>Pertinent evaluations from other health care practitioner; <pre>Pertinent evaluations from other health care practitioners; <pre>stindmain and progress note; <pre>Pertinent evaluations; <pre>stindmain and progress note;</pre> <pre>stindmain and progress note; <pre>stindmain and progress note; <pre>stindmain and progress note;</pre> <pre>stindmain and progress note</pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></current>	Texas Medicaid Provider Procedure Manual		2/23/2022
	10055		Patient characteristics and information.			
Prior to 9/1/2019	13355	INIECTION UROFOLUTROPIN 75 IU	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3397	INJECTION VESTRONIDASE ALFA-	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	13396	VJBK 1 MG	- current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; ++istory of the presenting problemClincial earm; +Pertinent diagnostic testing results, operative and/or pathological reports;Pertinent pay-hosoical history; +Pertinent pay-hosoical history; +Pertinent evaluations from orbit he earling practitioner; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations from other health care practitioners; +Pertinent evaluations; +Pertinent evaluation; +Pertinent chars; +Pe	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	13398	NEPARVOVEC-RZYL 1 B VEC G	Information generally required to support autonoration decision making includes, but not limited to: -Current (up to formshi), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertnent planand progress notes; +Pertnent planand progress notes; +Pertnent planators in this the reating practitioner; +Pertnent charts, graphs or photographic information, as appropriate; +Pertnent planation regarding the local delivery system; and +Patient charts, graphs or photographic information decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2021	13399	Onasemnogene abeparvovec-xioi (Zolgensma)	Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	13490	UNCLASSIFIED DRUGS	++istory of the presenting problem <-Clinical earm, Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent paynoscial history; +Pertinent paynoscial history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluation; +Pertinent evaluation	Texas Medicaid Provider Procedure Manual		2/23/2022
			Inspiral rectars; +History of the presenting problem +Clinical exam; +Pertinent planaposit testing results, operative and/or pathological reports; +Treatment planaposit esting results, operative and/or pathological reports; +Pertinent planaboxis history; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent chards, graphs or photographic information, as Approximation regarding the local delivery system; and +Patient chards, residues and information.			
Prior to 9/1/2019	13590	UNCLASSIFIED BIOLOGICS	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J3591	ESRD ON DIALYSIS	waters in unaccentrates and information: Information generally required to support authorization decision making includes, but not limited to: -Current (up to 6 month), adequate patient history related to the requested services such as: office and hopptal record; +History of the presenting problem -Clinical earm; Perfinent diagnostic testing results, operative and/or pathological reports; Perfinent diagnostic testing results, operative and/or pathological reports; Perfinent dapnostic testing results, operative and/or pathological reports; Perfinent dapnostic testing results, operative and/or pathological reports; Perfinent explanation consultations with the treating practitioner; Perfinent evaluations; Perfinent evaluations from other health care practitioner; ethormation regarding the local delivery system; and Patient dualnost existing the local delivery system; and Patient dualnost	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J7168	Prothrombin complex (Human), per I.U. of factor 1x activity (Kcentra)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J7169	Coagulation factor Xa (Recombinant), Inactivated-zhzo		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/1/2019	17196	(Andexa) INECTON ANTITHROMBIN RECOMBINANT SO LU.	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J7212	Factor VIIa (Antihemophilic factor, Recombinant)-INCW (Sevenfact)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
L		Recombinant)-JNCW (Sevenfact)			Diagnosis Requirement	

	120.00				- ((
Prior to 9/1/2019	17309	METHYL AMINOLEVULINATE MAL TOP ADMIN 16.8PCT 1 G	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
			Patient characteristics and information.		
Prior to 9/1/2019	17310	GANCICLOVIR 4.5 MG LONG- ACTING IMPLANT	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	J7311	FLUOCINOLONE ACETONIDE	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022
		INTRAVITREAL IMPLANT	-current (up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem -Cinical earm; +Perfinent diagnostic testing results, operative and/or pathological reports; +Teatment plan and progress note; +Perfinent psychosoda histor; +Information and consultations with the treating practitioner; +Perfinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, and information.		
Prior to 9/1/2019	17318	HYALURONAN DERIVATIVE DUROLANE FOR IA IN 1 MG	**Intern thancateristics and information. information generalizes from the support authorization decision making includes, but not limited to: <pre>crurent(up to 6 montha), adequate patient history related to the requested services such as: office and hospital records; <pre>crutent(up to 6 montha), adequate patient history related to the requested services such as: office and hospital records; <pre>crutent(up to 6 montha), adequate patient history related to the requested services such as: office <pre>crutent(up to 6 montha), adequate patient and/or pathological reports; <pre>retrainent diagnostic testing results, operative and/or pathological reports; <pre>erreinent diagnostic from other health care practitioner; <pre>vertiment chards, graphs or photographic information, as appropriate; <pre>vertiment chards, graphs or photographic information, as appropriate; <pre>vertiment chards.graphs cal delivery system; and <pre>vertiment</pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	17320	IYYALUNONAN DERWITIVE GENVISC 850 IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to formship, adequate patient history related to the requested services such as: office and hoppital records; +tistory of the presenting problem Clinical exam; +ertiment planadignostic testing results, operative and/or pathological reports; +treatment plan and progress notes; +reatment planation from other health care practitioner; +ertiment charst, graphs or photographic information, as appropriate; +ertiment charst, graphs or photographic information, as appropriate; +Retabilitation required usations.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	17321	HYALINGAME OF DEBINATIVE, HYALIGANE, UPANTE OR NYEO-3, FOR NITRA-ARTICULAR INJECTION, PER DOSE.	Information generally required to support authorization decision making includes, but not limited to: Courters(tig to Exondra), adequate patient history related to the requested services such as: office and visitory of the presenting problem Clinical earn; Forthern planand: resting results, operative and/or pathological reports; Frestment planand; resting results, operative and/or pathological reports; Frestment planand; resting results, operative and/or pathological reports; Frestment planand; resting results, operative and/or pathological reports; Frestment planands; not resting results, operative and/or pathological reports; Frestment planands; resting results, operative and provider; Frestment planands; resting resting, resting, resting, and Frestment planand; resting and moleculation.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	17322	HYALURONAN DERIVATIVE HYMOVIS IA IN 1 MG	Information generally required to support authorization decision making includes, but not limited to: <td>Texas Medicaid Provider Procedure Manual</td><td>2/23/2022</td>	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	17323	HYALURONAN DERIVATIVE EUFLEXXA IA INI PER DOSE	Information generally required to support authorization decision making includes, but not limited to: Coursel (up to 6 month), adequate patient history related to the requested services such as: office and visitory of the presenting problem *Einoral earny: *Einoral earny: *Fertiment plana duprogress notes; *Fertiment plana duprogress notes; *Fertiment planator coursultations with the treating practitioner; *Fertiment charts, graphs or photographic information, as appropriate; *Fertiment charts, graphs or photographic in	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 3/1/2019	17324	INALURORAN DERIV ORTHOVISE IA	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	2/23/2022

Prior to 9/1/2019	17326	HYALURONAN DERIV GEL-ONE	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" monthy,="" office="" patient="" related="" requested="" services="" such="" the="" to="">hoppital records; +History of the presenting problem <clinical exam;<br="">+Pertnent planad progress notes; +Pertnent planad progress notes; +Pertnent planation and progress notes; +Pertnent planations from other health care practitioner; +Pertnent chars, graphs or photographic information, as appropriate; +Pertnent chars, graphs or photographic information, as appropriate; +Pertnent charsts, graphs or photographic information, as appropriate; +Pertnent charsts, graphs or photographic information, as appropriate; +Pertnent charsts, and information.</clinical></current>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17327	HYALIRONAN DERIVATIVE MONOVISCIA INI PER DOSE	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" for="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">happtal records; +tistory of the presenting problem Clinical exam; +Pertnent planandtr testing results, operative and/or pathological reports; +Testment planandtr testing results, operative and/or pathological reports; +Testment planandt resting results, operative and/or pathological reports; +Testment planandtr testing results, operative and/or pathological reports; +Testment planands in consultations with the treating practitioner; +terfinent charts, graphs or photographic information, as appropriate; +terhabilitation evaluations; +information regarding the local delivery system, and +Pathen thartscritisci and information.</current>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17328	INVALUEDNAN DERIVATIVE GELSYN- 3 FOR IA INI 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: - current (up to formothy), adequate patient history related to the requested services such as: office and hospital records; + visitory of the presenting problem - Clinical exam; + Pertnemt planading problem - Pertnemt planading problem - Pertnemt planading procession + information and consultations with the treating practitioner; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + Pertnemt chars, graphs or photographic information, as appropriate; + + + + + + + + + + + + + + + + + + +	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17329	IMALURONAN DERIVATIVE TRIVISC FOR IA INJ 1 MG	Information generally required to support authorization decision making includes, but not limited to: • Current (up to for month), adequate patient history related to the requested services such as: office and hoppital records; + fistory of the presenting problem • Clinical exam; + Pertinent planadignostic testing results, operative and/or pathological reports; + Treatment plan and progress notes; + Hortmation and consultations with the treating practitioner; + Hortmation and consultations with the treating practitioner; + Pertinent chards, graphs or photographic information, as appropriate; + Pertinent chards, graphs or photographic information, as appropriate; + Hortmation regarding the local delivery system; and + Patient durated:	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2020	17331	INVALUDONAN OR DEPRIVATIVE, SYNOLOYK F, OR NITRA-ARTICULAR INIECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2020	17332	MYALURONAN OR DERIVATIVE, TRUIRON, POR INTRA-ARTICULAR INJECTION, 1 mg	Information generally required to support authorization decision making includes, but not limited to: < Current (up to for month), adequate patient history related to the requested services such as: office and hoppial records; +tistory of the presenting problem Clinical exam; +Pertinent planad progress notes; +Teatment planad progress notes; +Fortiment planator is with the treating practitioner; +Fortiment charts, graphs or photographic information, as appropriate; +Fertinent charts, graphs or photographic information, as appropriate; +Fortiment charts, graphs or photographic information, as appropriate; +Fortiment charts, graphs or photographic information, as appropriate; +Fortimet charts, graphs or photographic, approximation, and approximation, and approximation, and approximation, and approximation, and approximation, and approximation, approximation, and approximation, appr	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2020	17336	Capsaidin 8% patch, per square centimeter	Information generally required to support authorization decision making includes, but not limited to: -Current (up to for monthy, adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; +Pertinent planad progress notes; +Teatment planad progress notes; +Fortent relations inform other health care practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Pertinent setualization and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
8/1/2022 Prior to 9/1/2019	17352	Afamelandtide implant (Scenesse) LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG	Information generally required to support authorization decision making includes, but not limited to: <ur> <ur> <l></l></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur></ur>	Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022

Prior to 9/1/2019	17511	LYMPHCYT INMUN GLOB RABBIT PARENTERAL 25 MG	Information generally required to support authorization decision making includes, but not limited to: <pre>Current(up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem <-Clincal earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosical history; +Pertinent psychosical history; +Pertinent evaluations from other health care practitiones; +Pertinent evaluations; +Pertinent evaluations; +Retinent inters; registor of photographic information, as appropriate; +Retinent inters; +Retinent inters;</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to: Current (up to formsh), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam, Hertinent planad progress note; Hertinent planad progress note; Hertinent charts, graphs or photographic information, as appropriate; Hertinent charts, graphs or photographic; Hertinent charts, graphs or photographic; Hertinent cha	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	17686	TREPROSTINIL INHAL SOLUTION	Information generally required to support authorization decision making includes, but not limited to: Current (up to for monthy, adequate patient history related to the requested services such as: office and hoppial records; History of the presenting problem Clinical exam; Pertinent planad progress notes; "reatment plan and progress notes; Hoftmation and consultations with the treating practitioner; Hoftmation and consultations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Healballitation exaluations; Hinformation regarding the local delivery system; and Hatter charts.graphs.graphic.minformation.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	18499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Information generally required to support authorization decision maining includes, but not limited to: current (up to for nonthi), adequate patient history related to the requested services such as: office and hospital records; v+ristory of the presenting problem Chincal exam; v+rited diagnositic testing results, operative and/or pathological reports; v+ritent psychosocial history; v+ritent evaluations from consultations with the treating practitioner; v=ritent evaluations from other health care practitioner; v=ritent evaluations; v=ritent evaluations; v=ritent evaluations; v=ritent evaluations; v=ritent evaluation; v=ritent eval	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	18655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	Information generally required to support authorization decision making includes, but not limited to: Current (up to for monthy, adequate patient history related to the requested services such as: office and hoppial records; +itistory of the presenting problem Clinical exam; +ertiment plana dar progress notes; +information and progress notes; +information and concultations with the treating practitioner; +information and concultations with the treating practitioner; +information and concultations with the treating practitioner; +information and concultations from other health care practitioners; +information required to a protographic information, as appropriate; +information required to cal delivery system; and +athent binated resides and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	18670	ROLAPITANT ORAL 3 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to 6 month), adequate patient history related to the requested services such as: office and history of the presenting problem Clinical exam; Perfinent glangonic testing results, operative and/or pathological reports; *restment plan and progress notes; *retrient plangonic testing results, operative and/or pathological reports; *retrient plan and progress notes; *entinent ophonical history; *entinent charts, graphs or photographic information, as appropriate; *entinent charts, strain for other head to all exits and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	18999	PRESCRIPTION DRUG ORAL CREMOTHERAPEUTIC NOS	Information generally required to support authorization decision making includes, but not limited to: <pre>Current (up to 6 month), adequate patient history related to the requested services such as: office and hoppinal (eccord); <pre>services</pre> <pre>content (up to 6 month), adequate patient history related to the requested services such as: office and hoppinal (eccord); <pre>services</pre> <pre>content (up to 6 month), adequate patient (up to 6 month); <pre>services</pre> <pre>services</pre> <pre>services<td>Texas Medicaid Provider Procedure Manual</td><td></td><td>2/23/2022</td></pre></pre></pre></pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
1/1/2022	J9021 J9037	INJECTION, ASPARAGINASE, RECOMBINANT, (RYLAZE), 0.1MG Belantamab Mafodontin-bimf	Information generally required to support authorization decision making includes, but not limited to: <current (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital record; +History of the presenting problem <-Clinical earn; +Pertinent diagnostic testing results, operative and/or pathological reports; +Pertinent psychosical history; +Pertinent psychosical history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent evaluations; +Pertinent chars; +Pertinent char</current>	Texas Medicaid Provider Procedure Manual	Code with Age and/or	2/23/2022
		(Blenrep)			Diagnosis Requirement	8/31/2022
4/1/2022 Prior to 9/1/2019 4/1/2022	. 99061 . 99098 	Amivantamab-vmjw (Rybervant) INUECTON CYTARABINE LIPOSOME 10 MG Calaspargase Pegol-Mkn((Asparfas)	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; «E-clinical records; «Perfinent diagnostic testing results, operative and/or pathological reports; «Perfinent diagnostic testing results, operative and/or pathological reports; «Perfinent psychoscial history; «Perfinent expland oronultations with the treating practitioner; «Perfinent evaluations; from other health care practitioners and provider; «Retinent evaluations; «Hertinent evaluations; Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent evaluations; «Hertinent eval	Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022 8/31/2022
					Diagnosis Requirement	
4/1/2022	J9119	Cemiplimab-rwlc (Libtayo)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

4/1/2022 4/1/2022	J9144 J9155	Daratumumab and Hyaluronidase- fihj (Darzalex Faspro) Degarelix (Firmagon)		Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement Code with Age and/or	8/31/2022 8/31/2022
1/1/2021	19177	INJECTION, ENFORTUMAB VEDOTIN EIFV, 0.25 MG	Information generally required to support authorization decision making includes, but not limited to: <pre>Current(up to 6 month), adequate patient history related to the requested services such as: office and hospital record; <pre>status</pre> <pre>control to a presenting problem</pre> <pre>Collication auxistic stating results, operative and/or pathological reports; <pre>Performent phonod programs note; <pre>Performent phonod phonographic information, as appropriate; <pre>Performent charts, graphs or phonographic information, as appropriate;</pre></pre></pre></pre></pre></pre></pre></pre></pre>	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
Prior to 9/1/2019	J9204	NIECTION MOGAMULIZUMAB- KPKC 1 MG	Information generally required to support authorization decision mailing includes, but not limited to: excurrent (up to formoth), adequate patient history related to the requested services such as: office and hospital records; *tistory of the presenting problem *Clinical exam; *Pertnent planandprosers notes; *freatment planandprosers notes; *formation and consultations with the treating practitioner; *Pertnent charts, graphs or photographic information, as appropriate; *Pertnent charts, graphs or photographic information, as appropriate; *Pertnent charts, graphs or photographic information, as #information regarding the local delivery system; and *anter chartsciests and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9210	INIECTION EMAPALIMAB-IZSG 1	Information generally required to support authorization decision making includes, but not limited to: < current (up to for month), adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem < Clinical exam; +Pertnent planad progress notes; +Pretnent planad progress notes; +Pretnent planators (mort ther health care practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as +Pertnent chards, graphs or photographic information, as	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9214	INIECTION INTERVERON AUFA-28	Information generally required to support authorization decision making includes, but not limited to: ecurrent (up to formothy), adequate patient history related to the requested services such as: office and hospital records; existory of the presenting problem eclinical exam; =Pertinent galangonist: testing results, operative and/or pathological reports; =Prestment plan and progress notes; =Pertinent galangonist is with the treating practitioner; =Pertinent chards, graphs or photographic information, as appropriate; =Pertinent chards, graphs or photographic information, as =Pertinent chards, graphs or photographic information, as =Pertinent chards, graphs or photographic information, as =Pertinent chards, graphs or photographic information, as =Pertinent; =Pertinent chards, graphs or photographic information, as =Pertinent; =Pertinent chards, graphs or photographic information, as =Pertinent; =Pertinent chards, graphs or photographic information, as =Pertinent chards, graphs or photographic information, as =	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	19215	INJECTION INTERFERON ALFA-N3	Information generally required to support authorization decision making includes, but not limited to: <pre>current(up to 6 month), adequate patient history related to the requested services such as: office and hospital record; +History of the presenting problem eventioned alignment testing results, operative and/or pathological reports; +Pretinent plan and progress notes; +Pretinent plan and progress notes; +Pretinent plan and progress notes; +Pretinent charts, graphs or photographic information, as appropriate; +Perfinent charts, graphs or photographic information, as appropriate; +Perfinent charts, graphs or photographic information, as #Information regarding the local delivery system; and +Patient hourscherts; and information.</pre>	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9216	INIECTORI INTERFERON GAMMA-	Information generally required to support authorization decision making includes, but not limited to: e-current (up to formothy), adequate patient history related to the requested services such as: office and happtal records; +tistory of the presenting problem +Clinical exam; +Pertnent planandprosers notes; +Pertnent planandprosers notes; +Pertnent planandprosers notes; +Pertnent planators inform of the half nace practitioner; +Pertnent chards, graphs or photographic information, as appropriate; +Pertnent chards, graphs or photographic information, as #enformation regarding the local delivery system; and +Patient hands-tacks and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
Prior to 9/1/2019	J9218	LEUPROLIDE ACETATE PER 1 MG	Information generally required to support authorization decision making includes, but not limited to: <li< td=""><td>Texas Medicaid Provider Procedure Manual</td><td>Fax to 866-420-3639</td><td>2/23/2022</td></li<>	Texas Medicaid Provider Procedure Manual	Fax to 866-420-3639	2/23/2022
4/1/2022	J9223	Lurbinectedin (Zepzelca)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022 Prior to 9/1/2019	J9227 J9229	Isatuximab-irfc (Sarciisa) INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	Information generally required to support authorization decision making includes, but not limited to: <urrent (up="" 6="" adequate="" and<br="" as:="" history="" month),="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +istisory of the presenting problem Athological reports;</urrent>	Texas Medicaid Provider Procesure Manual Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022 2/23/2022
			•Treatment plan and progress notes; •Pertnent psycholocal history; •Information and consultations with the treating practitioner; •Information read consultations with the reating practitioner; •Pertnent evaluations from other health care practitioners and provider; •Pertnent charts, graphs or photographic information, as appropriate; •Rehabilitation: •Information regarding the local delivery system; and			
4/1/2022	19245	Melphalan (Evomela)	-Pertinent psychoacial history; - information and consultations with the treating practitioner; - Pertinent evaluations; from other health care practitioners and providers; - Pertinent charts, graphs or photographic information, as appropriate; - Heabilitation evaluations;	Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022

Brier to 9/1/2010	10260	INTECTION TACEAVOLUSE EDTS 10	Information generally conviced to current authorization decision making includer, but not limited to	Tauce Medicaid Desuider Deservice Meaned		2/22/2022
Prior to 9/1/2019	J9269	INJECTION TAGRAXOPUSP-ERZS 10 MCG	Information generally required to support authorization decision making includes, but not limited to: <- current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; <- limitation of the presenting problem <- presented availations from other health care practitiones; <- pretinent evaluations from other health care processions and provides; <- pretinent evaluations from other health care processions, as appropriate; <- relations of the presenting the limitation of the delivery system, and	Texas Medicaid Provider Procedure Manual		2/23/2022
			Patient characteristics and information.			
4/1/2022	J9272	Dostarlimab-gxly (Jemperli)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
5/1/2022	19273	Tisotumab Vedotin-tftv (Tivdak)		Texas Medicaid Provider Procedure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	J9281	Mitomycin for Pyelocalyceal		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
10/1/2020	19304	Solution (Jelmyto) INJECTION PEMETREXED (PEMFEXY 10 MG) Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
			hospital records; +itistory of the presenting problem +clinical earn; +Pertinent glangnotic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Information and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent chards, graphs or photographic information, as appropriate; +Methabilitation evaluations; +Information regulation shares; +Information regulations; +Information regulations; +Information regulations; +Information regulation; +Information regulation; +Information regulation; +Information regulation; +Information regulation; +Information; +I			
4/1/2022	19309	Polatuzumab vedotin (Polivy)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
Prior to 9/J/2019	J9313	INECTION MORETUMONAB	Information generally required to support authorization decision making includes, but not limited to: «Current (to to 6 month), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem 	Texas Medicaid Provider Procedure Manual		2/23/2022
4/1/2022	J9317	Sacituzumab govitecan-hziy (Trodelvy)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	J9331	Sirolimus protein-bound particles (Fyarro)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
8/1/2022	J9332	Efgartigimod alfa-fcab (Vyvgart)		Texas Medicaid Provider Procesure Manual	Code with Age and/or Diagnosis Requirement	8/31/2022
4/1/2022	19348	Naxitamab-gqgk (Danyelza)		Texas Medicaid Provider Procesure Manual	Code with Age and/or	8/31/2022
4/1/2022	J9349	Tafasitamab-cxix (Monjuvi)		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
4/1/2022	19353	Margetuximab-cmkb (Margenza)		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or	8/31/2022
Prior to 9/1/2019	19355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement	2/23/2022
			Clinical earn; Vertnern dignoratic testing results, operative and/or pathological reports; Vertnern plan and progress notes; Vertnern planoration and consultations with the treating practitioner; Vertnern equivalences of this care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners and providers; Vertnern ethands from other health care practitioners Vertnern ethands from other health care practitioners Vertnern ethands			
5/1/2022	19359	Loncastuximab Tesirine-Ipyl		Texas Medicaid Provider Procedure Manual	Code with Age and/or	8/31/2022
Prior to 9/1/2019	19999	(Zynlonta) NOT OTHERWISE CLASSIFIED	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual	Diagnosis Requirement Bevacizumab when billed for	2/23/2022
		ANTINEOPLASTIC DRUG	-Current (up to 6 month), adequate patient history related to the requested services such as: office and hospital records; -History of the presenting problem -Clinical earm; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent psychosical history; -Pertinent psychosical history; -Pertinent psychosical history; -Pertinent charts, graphs or photographic information, as appropriate; -Pertinent charts, graphs or biolographic information, as appropriate; -Pertinent charts, graphs or biolographic; -Pertinent charts, graphs; -Pertinent charts, graphs; -Pertinent charts, graphs; -Pertinen		intraccular injection does not require a PA	
9/1/2022	Q2042	Kymriah	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; *tistory of the presenting problem *Clinical earn, *Pertnent planand progress notes; *Treatment planand progress notes; *Information and consultations with the testing practitioner; *Pertnent chards, graphs or photographic information, as appropriate; *Pertnent chards, graphs or photographic information, as appropriate; *Information regulations.	Texas Medicaid Provider Procedure Manual		8/31/2022
6/1/2022	Q2053	Brewschbagene Autoleucel (TECARTUS)	Information generally required to support authorization decision making includes, but not limited to: current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; whistory of the presenting problem clinical earn. Pertinent planal on progress notes; Pertinent planation and progress notes; Pertinent planations with the treating practitioner; Information and consultations with the treating practitioner; Pertinent charts, graphs or photographic information, as appropriate; Pertinent charts, graphs or photographic information, and Pathent planation regarding the local delivery system; and "Abatent charts, detistics and information. 	Texas Medicaid Provider Procedure Manual		8/31/2022
Prior to 9/1/2019	Q3027	INJECTION INTERFERON BETA-1A 1	Information generally required to support authorization decision making includes, but not limited to: «Current (up to 6 monthy), adequate patient history related to the requested services such as: office and hospital records; *tilistory of the presenting problem *Clinical exam; *Pertnent planand progress notes; *Treatment planand progress notes; *Information and consultations with the treating practitioner; *Pertnent chards, graphs or photographic information, as appropriate; *Pertnent chards, graphs or photographic information, as appropriate; *Methaliation regulated in the cited and up system; and *Attent chards.graphs or photographic.information.	Texas Medicaid Provider Procedure Manual		2/23/2022

Prior to 9/1/2019	Q3028	MCG SUBQ USE	Information generally required to support authorization decision making includes, but not limited to: Current (up to for monthy, adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem Clinical exam; +Pertinent planad progress notes; +Pertinent planad progress notes; +Pertinent planators in the health care practitioner; +Pertinent charst, graphs or photographic information, as appropriate; +Pertinent charst, graphs or photographic information, as appropriate; +Pertinent charst, graphs or photographic information, as	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	Q5103	INIECTION INFLUMABE-DYYB BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to for month), adequate patient history related to the requested services such as: office and hoppial records; History of the presenting problem Clinical exam; +Pertinent planadignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent planostic string results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent charsts, graphs or photographic information, as appropriate; +Pertinent charsts, graphs or photographic information, as appropriate; +Rehabilitation results and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019 Prior to 9/1/2019	Q5104 Q5108	INIECTION INFLUENDAB-ABDA BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: <pre> </pre> -Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; +History of the presenting problem -Clinical exam; -Pertinent diagnostic testing results, operative and/or pathological reports; -Pertinent pay-hosoical history; +Pertinent pay-hosoical history; +Pertinent evaluations from other health care practitioner; +Pertinent evaluations; +Pertinent evaluations; +Retinent evaluations; +Retinent chars; ergishs or photographic information, as appropriate; +Patient evaluation; +Information and evaluations; +Information regulation; +Information regulation; +Patient chars; +Patient ch	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	Q5108	INIECTION PEGFILGRASTIM-IMDB BIOSIMILAR 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: <current (up="" adequate="" and<br="" as:="" formship,="" history="" office="" patient="" related="" requested="" services="" such="" the="" to="">hospital records; +Linkai arean; +Pertinent planands: testing results, operative and/or pathological reports; +Teatment planand progress notes; +Pertinent planatoria finands with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation results; information regarding the local delivery system; and +Pathent intervised and information.</current>	lexas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	Q5109	INIECTION INFLUMINAB-QBTX BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to for month), adequate patient history related to the requested services such as: office and hoppial records; History of the presenting problem Clinical exam; +Pertinent planadignostic testing results, operative and/or pathological reports; +Treatment plan and progress notes; +Pertinent planation and consultations with the treating practitioner; +Information and consultations with the treating practitioner; +Pertinent charts, graphs or photographic information, as appropriate; +Pertinent charts, graphs or photographic information, as appropriate; +Rehabilitation residention.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	05111	INICTION PEGFIGEASTIM-CBQV BIOSIMILAR 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: Current (up to for month), adequate patient history related to the requested services such as: office and hospital records; History of the presenting problem Clinical exam; +ertinent planands: testing results, operative and/or pathological reports; +information and progress notes; +ertinent planands: testing results, operative and/or pathological reports; +information and consultations with the treating practitioner; +information and consultations with the treating practitioner; +ertinent charts, graphs or photographic information, as appropriate; +ertinent charts, graphs or photographic information, as appropriate; +terbalitication exclusions; +information regarding the local delivery system; and +Patient charts.ettics and information.	Texas Medicaid Provider Procedure Manual	2/23/2022
Prior to 9/1/2019	Q5115	INIECTON RITUUMAB-ABBS BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: excurrent (up to for monthy), adequate patient history related to the requested services such as: office and hospital records; +tistory of the presenting problem -Clinical exam; +Pertinent planagnostic testing results, operative and/or pathological reports; +Teatment plan and progress notes; +Teatment planator consultations with the treating practitioner; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent chars, graphs or photographic information, as appropriate; +Pertinent chars, graphs or photographic information, as +Pertinent chars, graphs or photographic information, as	Texas Medicaid Provider Procedure Manual	2/23/2022
7/1/2020	Q5120	INIECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, [riextenzo], 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to for month), adequate patient history related to the requested services such as: office and hoppial records; +History of the presenting problem •Clinical exam; +Pertinent planad progress notes; +Teatment planad progress notes; +Fortment planator in our on-sultations with the treating practitioner; +Fortment chards, graphs or photographic information, as appropriate; +Fortment chards, to and uncompatible and uncompatible.	Texas Medicaid Provider Procedure Manual	2/23/2022
1/1/2021	Q5122	INIECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	Information generally required to support authorization decision making includes, but not limited to: -Current (up to for monthy, adequate patient history related to the requested services such as: office and hospital records; +Linical exam; +Pertinent planagnostic testing results, operative and/or pathological reports; +Treatment planad progress notes; +Pertinent planado instory; +Information and consultations with the treating practitioner; +Information and consultations; +Information and consultations; +Information and consultations; +Information and consultations; +Information and consultations; +Information and consultations; +Information and consultation; +Information and consultation; +Informati	Texas Medicaid Provider Procedure Manual	2/23/2022

10/1/0001			hz		I	
10/1/2021	Q5123	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and variable used of the second se	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			 Information regarding the local delivery system; and Patient characteristics and information 			
1/1/2021	\$0013	ESKETAMINE, NASAL SPRAY, 1 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; •History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			 Information regarding the local delivery system; and Patient characteristics and information 			
Prior to 9/1/2019	S0073	INJECTION AZTREONAM 500 MG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; +History of the presenting problem			
			•Pertinent evaluations from other health care practitioner; •Pertinent evaluations from other health care practitioners and providers;			
			Pertinent evaluations from other means care practicules and provides, Pertinent charts, graphs or photographic information, as appropriate; Perhabilitation evaluations;			
			-Information regarding the local delivery system; and -Patient characteristics and information.			
Prior to 9/1/2019	\$0122	INJECTION MENOTROPINS 75 IU	Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			•Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;			
			History of the presenting problem •Clinical exam;			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes;			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; Determine the second			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	\$0126	INJECTION FOLLITROPIN ALFA 75 IU	Patient characteristics and information. Information generally required to support authorization decision making includes, but not limited to:	Texas Medicaid Provider Procedure Manual		2/23/2022
			 Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records; 			-,,
			History of the presenting problem •Clinical exam;			
			 Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes; 			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			 Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate; 			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
Prior to 9/1/2019	\$0128	INJECTION FOLLITROPIN BETA 75 IU	Patient characteristics and information.	Texas Medicaid Provider Procedure Manual		2/23/2022
FII01 10 3/1/2013	30128	INSECTION POLETIKOPIN BETA 7510	Current (up to 6 months), adequate patient history related to the requested services such as: office and hospital records;	rexas medicald provider procedure mandar		2/23/2022
			History of the presenting problem •Clinical exam:			
			Pertinent diagnostic testing results, operative and/or pathological reports; Treatment plan and progress notes:			
			Pertinent psychosocial history; Information and consultations with the treating practitioner;			
			Pertinent evaluations from other health care practitioners and providers; Pertinent charts, graphs or photographic information, as appropriate;			
			Rehabilitation evaluations; Information regarding the local delivery system; and			
			Patient characteristics and information.			
Prior to 9/1/2019	\$0132	INJECTION GANIRELIX ACETATE 250 MCG	Information generally required to support authorization decision making includes, but not limited to: •Current (up to 6 months), adequate patient history related to the requested services such as: office and	Texas Medicaid Provider Procedure Manual		2/23/2022
			hospital records; +History of the presenting problem			
			Clinical exam; Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pretrinent evaluations from other health care practitioners and providers; Pretrinent chart, cracker conduct in photographic account of the photographic sectors and providers;			
			 Pertiment charts, graphs or photographic information, as appropriate; Rehabilitation evaluations; Information regarding the local delivery system; and 			
			Patient characteristics and information.			
1/1/2021	S0145	INJECTION, PEGASYS, PEGYLATED INTERFERON ALFA-2A, 180 MCG pe		Texas Medicaid Provider Procedure Manual		2/23/2022
		mi	hospital records; •History of the presenting problem			
			•Clinical exam; •Pertinent diagnostic testing results, operative and/or pathological reports;			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers;			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information			
7/1/2021	\$1091	STENT, NON-CORONARY, TEMPORARY, WITH 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	Texas Medicaid Provider Procedure Manual		8/31/2022
		SYSTEM (PROPEL)	hospital records; •History of the presenting problem			
			Treatment plan and progress notes; Pertinent psychosocial history;			
			 Information and consultations with the treating practitioner; Pertinent evaluations from other health care practitioners and providers; 			
			Pertinent charts, graphs or photographic information, as appropriate; Rehabilitation evaluations;			
			Information regarding the local delivery system; and Patient characteristics and information.			
		1			Code with Age and/or	
11 1- 10000		De marte de la companya de la				
11/1/2022	J9266	Pegaspargase injection		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement	
11/1/2022	Q2056	Ciltacabtagene autoleucel		Texas Medicaid Provider Procesure Manual	Diagnosis Requirement Code with Age and/or Diagnosis Requirement	
					Diagnosis Requirement Code with Age and/or	

11/1/2022	J1302	Sutimlimab-jome (Enjaymo)	Texas Medicaid Provider Procesure Manual	Code with Age and/or	
				Diagnosis Requirement	
11/1/2022	J9274	Tebentafusp-tebn (Kimmtrak)	Texas Medicaid Provider Procesure Manual	Code with Age and/or	
				Diagnosis Requirement	